

<b>Case Number:</b>	CM13-0016932		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/15/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56-year-old with date of injury of July 15, 2010. Date of the UR decision was August 6, 2013. She encountered back, shoulder injuries while lifting/helping heavy patients at work while performing her duties as a nursing assistant and phlebotomist. She started experiencing Psychological symptoms secondary to the chronic pain issues. Report from July 16, 2013 suggested that she was depressed, has anxiety, insomnia, chronic vague suicidal ideations without a plan. Progress report dated September 16, 2013 indicated that pharmacological intervention were initiated in form of Wellbutrin and Trazodone. The medications including Cymbalta and Abilify were continued at that visit. Report from August 22, 2013 indicated that she had been receiving TransCranial Magnetic Stimulation for Major Depressive disorder, severe without psychotic features. Also, she was receiving Cognitive Behavior Therapy Groups and the above mentioned psychotropic medications were continued at that visit.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Trazodone 100mg, sixty count:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: DESYREL (trazodone hydrochloride).

**Decision rationale:** Injured worker is a 56 year old female who suffered from back and shoulder injuries while lifting/helping heavy patients. She started experiencing Psychological symptoms secondary to the chronic pain issues. Report from July 16, 2013 suggested that she was depressed, has anxiety, insomnia, chronic vague suicidal ideations without a plan. Progress report dated September 15, 2013 indicated that pharmacological interventions was initiated in form of Wellbutrin and Trazodone. The medications including Cymbalta and Abilify were continued at that visit. Report from August 22, 2013 indicated that she had been receiving TransCranial Magnetic Stimulation for Major Depressive disorder, severe without psychotic features. Also, she was receiving Cognitive Behavior Therapy (CBT) groups and the above mentioned psychotropic medications were continued at that visit. Desyrel (trazodone hydrochloride) is indicated for the treatment of depression. The efficacy of Desyrel (trazodone hydrochloride) has been demonstrated in both inpatient and outpatient settings and for depressed patients with and without prominent anxiety. The depressive illness of patients studied corresponds to the Major Depressive Episode criteria of the American Psychiatric Association's Diagnostic and Statistical Manual, III1. Major Depressive Episode implies a prominent and relatively persistent (nearly every day for at least two weeks) depressed or dysphoric mood that usually interferes with daily functioning, and includes at least four of the following eight symptoms: change in appetite, change in sleep, psychomotor agitation or retardation, loss of interest in usual activities or decrease in sexual drive, increased fatigability, feelings of guilt or worthlessness, slowed thinking or impaired concentration, and suicidal ideation or attempts. The request for Trazodone 100 mg sixty count is medically necessary because of the injured worker's psychiatric symptoms including depressed mod, anxiety, insomnia, chronic vague suicidal ideations without a plan. Report from August 22, 2013 indicated that she had been receiving TransCranial Magnetic Stimulation for Major Depressive disorder, severe without psychotic features and also has undergone psychological treatment in form of CBT groups; however still continues to be symptomatic for depression, anxiety, sleep problems etc. The request for Trazodone 100mg, sixty count, is medically necessary and appropriate.

**Abilify 10mg, thirty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress , Aripiprazole (Abilify).

**Decision rationale:** Injured worker is a 56-year-old who suffered from back and shoulder injuries while lifting/helping heavy patients. She started experiencing Psychological symptoms secondary to the chronic pain issues. Report from July 16, 2013 suggested that she was depressed, has anxiety, insomnia, chronic vague suicidal ideations without a plan. Progress report dated September 15, 2013 indicated that pharmacological interventions was initiated in

form of Wellbutrin and Trazodone. The medications including Cymbalta and Abilify were continued at that visit. Report from August 22, 2013 indicated that she had been receiving TransCranial Magnetic Stimulation for Major Depressive disorder, severe without psychotic features. Also, she was receiving Cognitive Behavior Therapy Groups and the above mentioned psychotropic medications were continued at that visit. ODG states that Aripiprazole (Abilify) is not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. See Atypical antipsychotics; & PTSD (post-traumatic stress disorder) pharmacotherapy. According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. (Khanna, 2014) Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. (FDA, 2014) Based on the lack of presence of any psychotic symptoms, acute mania etc in the injured workers case, for which Abilify has approval for use as a first line therapy; its use is not indicated. It is approved as second line therapy for Major Depressive Disorder, however injured worker is already being prescribed three other antidepressants such as Cymbalta, Wellbutrin and Trazodone. The request for Abilify 10 mg, thirty count, is not medically necessary or appropriate.

**Wellbutrin 100mg, ninety count:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion, page(s) 16 Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness; Bupropion (Wellbutrin®), Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** Injured worker is a 56-year-old who suffered from back and shoulder injuries while lifting/helping heavy patients. She started experiencing Psychological symptoms secondary to the chronic pain issues. Report from July 16, 2013 suggested that she was depressed, has anxiety, insomnia, chronic vague suicidal ideations without a plan. Progress report dated September 15, 2013 indicated that pharmacological interventions was initiated in form of Wellbutrin and Trazodone. The medications including Cymbalta and Abilify were continued at that visit. Report from August 22, 2013 indicated that she had been receiving TransCranial Magnetic Stimulation for Major Depressive disorder, severe without psychotic features. Also, she was receiving Cognitive Behavior Therapy (CBT) groups and the above mentioned psychotropic medications were continued at that visit. The request for Wellbutrin 100 mg ninety count is medically necessary because of the injured worker's psychiatric symptoms including depressed mod, anxiety, insomnia, chronic vague suicidal ideations without a plan. He has undergone TransCranial Magnetic Stimulation and CBT groups for Major Depressive disorder, severe without psychotic features and continues to be symptomatic requiring continued need for medication treatment. The request for Wellbutrin 100 mg, ninety count, is medically necessary and appropriate.

