

<b>Case Number:</b>	CM13-0028936		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] accountant who has filed a claim for major depressive disorder and chronic pain syndrome reportedly associated with an industrial injury of July 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; and psychological counseling. In an Utilization Review Report dated September 16, 2013, the claims administrator denied request for fluoxetine, Klonopin, and trazodone. The basis for the claims administrator's denial was lack of legible records on the part of the attending provider. The claims administrator invoked non-MTUS ODG Guidelines in large portions of its report and did not, furthermore, incorporate cited guidelines into its rationale. In an October 17, 2012 psychological consultation, the applicant was given diagnoses of major depressive disorder, generalized anxiety disorder, and insomnia with a resultant Global Assessment of Functioning of 53. It did not appear that the applicant had returned to work. The psychological consultant stated that the applicant's mental health disorders were result of stress and sexual harassment at her former employment. The applicant was described as using a variety of psychotropic medications, including Desyrel. In a November 19, 2012 family medicine note, the applicant was described as a former accountant. The applicant was using aspirin, Zestril, Norvasc, hydrochlorothiazide, Klonopin, mirtazapine, and Desyrel at that point in time, it was stated. In a handwritten note dated February 25, 2013, the applicant was given prescriptions for Remeron, Desyrel, and Klonopin. The note was quite difficult to follow. The applicant was apparently reporting ongoing issues with emotional distress, poor eating habits, and difficulty concentrating. On a July 11, 2013 psychology note, the applicant was described as feeling tired, irritable, nervous, and restless. The applicant continued to report low energy levels, decreased libido, and sleep disturbance. The applicant's crying

spells, however, had diminished. The applicant was kept off of work, on total disability. Additional psychotherapy, both group and individual, relaxation technique, and hypnotic therapy were all sought. The applicant was described as tearful and anxious. A July 2, 2014 Medical-Legal Evaluation also suggested that the applicant was not working and had a Global Assessment of Functioning (GAF) of 66 at that point.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Klonopin 0.5 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** According to the Stress Related Conditions Chapter of the ACOEM Practice Guidelines, anxiolytics such as Klonopin may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional and physical resources. In this case, however, the attending provider is seemingly prescribing Klonopin for long-term, chronic, and/or scheduled use purposes, a purpose for which Klonopin is not recommended by the ACOEM. Therefore, the request for Klonopin 0.5 mg, sixty count, is not medically necessary or appropriate.

**Trazodone 50 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the Stress Related Conditions Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines do acknowledge that it often takes weeks for antidepressants to exert their maximal effect, in this case, however, the applicant has seemingly been using trazodone, an atypical antidepressant, for a span of several years. There has been no discussion of medication efficacy incorporated into any recent progress note. The applicant remains off of work, on total disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including hypnotherapy, group psychotherapy, individual psychotherapy, psychological counseling, etc. All of the above, taken together, imply that ongoing psychotropic medication usage, including ongoing trazodone usage, has not been successful in generating any functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request for Trazodone 50 mg, thirty count, is not medically necessary or appropriate.

**Fluxetine 60 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the Stress Related Conditions Chapter of the ACOEM Practice Guidelines does acknowledge that it often takes weeks for antidepressants to exert their maximal effect, in this case, as with the request for trazodone, the applicant appears to have been using fluoxetine or Prozac for a span of several months to several years. There has been no clear demonstration of medication efficacy with the same. The applicant continues to report ongoing symptoms of anxiety, depression, sleep disturbance, poor mood, crying spells, emotional lability, etc. The applicant remains off of work, on total disability. The applicant remains highly reliant and highly dependent on various psychological and psychiatric modalities, including psychotropic medications, group psychotherapy, individual psychotherapy, counseling, hypnotherapy, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of fluoxetine. Therefore, the request for Fluxetine 60 mg, thirty count, is not medically necessary or appropriate.