

<b>Case Number:</b>	CM13-0038398		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	08/19/2003
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Preventive 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:

According to the records made available for review, this is a 59-year-old male with a 8/19/03 date of injury. At the time (9/24/13) of request for authorization for 1 prescription of Fluoxetine 20mg #30 with 2 refills, 1 prescription of Lorazepam 1mg #30 with 2 refills, and 1 prescription of Mirtazapine 30mg #30 with 2 refills, there is documentation of subjective (depression, diminished energy, sleep disturbance, and low self esteem) and objective (impaired concentration, obvious physical discomfort, poorly groomed, beck depression inventory of 14, and a beck anxiety inventory of 44) findings, current diagnoses (major depression, pain disorder associated with psychological factor and a general medical condition, and alcohol dependence in remission), and treatment to date (medications (including Fluoxetine, Lorazepam, and Mirtazapine since at least 2/20/13)). Regarding 1 prescription of Fluoxetine 20mg #30 with 2 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fluoxetine use to date. Regarding 1 prescription of Lorazepam 1mg #30 with 2 refills, there is no documentation of the intention to treat over a short course (up to 4 weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lorazepam use to date. Regarding 1 prescription of Mirtazapine 30mg #30 with 2 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Mirtazapine use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF FLUOXETINE 20MG #30 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors), Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; and Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Fluoxetine is recommended as a first-line treatment option for major depressive disorder. Within the medical information available for review, there is documentation of diagnoses of major depression, pain disorder associated with psychological factor and a general medical condition, and alcohol dependence in remission. In addition, there is documentation of ongoing treatment with Fluoxetine since at least 2/20/13. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fluoxetine use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Fluoxetine 20mg #30 with 2 refills is not medically necessary.

**PRESCRIPTION OF LORAZEPAM 1MG #30 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The Expert Reviewer's decision rationale: The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of major depression and pain disorder associated with psychological factor and a general medical condition. However, given documentation of ongoing treatment with Lorazepam since at least 2/20/13, there is no documentation of the intention to treat over a short course (up to 4 weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an

increase in activity tolerance; and/or a reduction in the use of medications as a result of Lorazepam use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Lorazepam 1mg #30 with 2 refills is not medically necessary.

**PRESCRIPTION OF MIRTAZAPINE 30MG #30 WITH 2 REFILLS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of major depression, pain disorder associated with psychological factor and a general medical condition, and alcohol dependence in remission. In addition, there is documentation of ongoing treatment with Mirtazapine since at least 2/20/13. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Mirtazapine use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Mirtazapine 30mg #30 with 2 refills is not medically necessary.