

<b>Case Number:</b>	CM13-0040980		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/21/1991
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This is a case of a 65 year old female who has been diagnosed with Major depression, single episode. Pain disorder associated with both psychological factors and general medical condition. Her medication list has included: 1. Cymbalta 60mg 1qd #30 monthly 2. Wellbutrin XL 300mg 1qd #30 monthly 3. Modafinil (Provigil) 200mg 1 bid prn #60 month +3 refills 4. Lorazepam 1mg 1qd prn #30 monthly 5. Ambien CR 12.5mg #30 1qHS prn 6. Omega fish oil up to 3gms daily 7. Piracetam (GABA) The patient suffers from chronic pain in her wrist, knee, back; gradually worsened. Secondary consequence, suffering symptoms of major depression, persistently depressed, dysphoric mood, anhedonia, irritability, fatigue, sleep disturbance, social isolation, difficulty initiating/completing tasks, impairment of attention and short term memory. The issues at hand are: 1. Decision for continue outpatient psychiatric sessions (once monthly) to provide psychotropic medical management: 2. Decision for Cymbalta 60mg 1qd #30 monthly: 3. Decision for Wellbutrin XL 300mg 1qd #30 monthly: 4. Decision for Modafinil (Provigil) 200mg 1 bid prn #60 month + 3 refills: 5. Decision for Lorazepam 1mg 1qd prn #30 monthly: 6. Decision for Ambien CR 12.5mg #30 1qHS prn: 7. Decision for Omega fish oil up to 3gms daily: 8. Decision for Piracetam (GANA):

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for continue outpatient psychiatric sessions (once monthly) to provide psychotropic medical management: Upheld**

**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 Page(s): 27 and 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, office visits Other Medical Treatment Guideline or Medical Evidence: American Psychiatric Association Practice Guidelines: Practice Guideline for the Treatment of Patients With Major Depressiv

**Decision rationale:** Recommended as determined to be medically necessary; Evaluation and Management (E&M) outpatient visits to the Offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The American Psychiatric Association Practice Guidelines Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition DOI: 10.1176/appi.books.9780890423387.654001 States the following with respect to therapeutic interventions: "b. Assessing the adequacy of treatment response: In assessing the adequacy of a therapeutic intervention, it is important to establish that treatment has been administered for a sufficient duration and at a sufficient frequency or, in the case of medication, dose [I]. Onset of benefit from psychotherapy tends to be a bit more gradual than that from medication, but no treatment should continue unmodified if there has been no symptomatic improvement after 1 month [I]. Generally, 4-8 weeks of treatment are needed before concluding that a patient is partially responsive or unresponsive to a specific intervention [II]." This reviewer notes that National standards of care require that the patient receives a minimum number of medication management sessions over a twelve month period in order to assess the efficacy of the medications such as Provigil, Ativan, ambien, wellbutrin and Cymbalta. Not only does this patient need medication management visits with a psychiatrist but will need ongoing psychiatric medication management visits with a psychiatrist over time for many reasons including but not limited to monitoring the patient for safety, efficacy of medications and monitoring for adverse effects such as increased suicidal ideation. Frequent visits would be needed to assess the patient's safety, overall condition and to monitor lab tests. In addition, the prescriber would need to collaborate with the entire health care team. All of that having been said, the precise wording that this reviewer received was: "Decision for continue outpatient psychiatric sessions (once monthly) to provide psychotropic medical management:" This request, the way it is worded, lacks an endpoint for treatment. It literally denotes unlimited monthly visits into perpetuity. The guidelines are very specific about limits to treatment, and as such this unlimited request must be seen as not medically necessary per guidelines.

**Decision for Cymbalta 60mg 1qd #30 monthly:** Upheld

**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 Page(s): 43.

**Decision rationale:** The patient has had depression and very low energy. Her energy has been so low that it was necessary to prescribe Provigil which is a controlled substance. Further the patient has significant pain. Cymbalta is FDA approved for both depression and pain, and can help the patient do well while taking lower doses of controlled substances should that ever become desirable or necessary. Cymbalta is recommended by the guidelines above, and is medically necessary for finite quantities. However, the request was for 30 Cymbalta monthly, which has no endpoint. Unlimited prescriptions into perpetuity exceed guideline limits.

**Decision for Wellbutrin XL 300mg 1qd #30 monthly:** Upheld

**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 Page(s): 16, 125.

**Decision rationale:** In this instance, Wellbutrin would be a great medication for this patient for several reasons. It helps with her depression and alertness and has no potential for abuse or dependency. Unfortunately, the request was for "monthly" with no endpoint. Unlimited monthly prescriptions exceed guidelines and as such monthly Wellbutrin is not medically necessary.

**Decision for Modafinil (Provigil) 200mg 1 bid prn #60 month + 3 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Pain (Chronic), section on Provigil.

**Decision rationale:** There is no evidence in this case that the patient was diagnosed with narcolepsy, an obstructive sleep disorder nor shift work sleep disorder. As such Provigil is not indicated. Per Guidelines Provigil is not medically necessary.

**Decision for Lorazepam 1mg 1qd prn #30 monthly:** Upheld

**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 Page(s): 24.

**Decision rationale:** This patient has been on Ativan over six weeks. Per guidelines, it is not medically necessary.

**Decision for Ambien CR 12.5mg #30 1qHS prn:** Upheld

**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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Pain (Chronic), section on insomnia treatment

**Decision rationale:** This patient has been on Ambien over six weeks, and its use per guidelines then is not medically necessary.

**Decision for Omega fish oil up to 3gms daily:** Overturned

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

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

**Decision rationale:** The CA MTUS is silent on fish oil. The Official Disability Guidelines (ODG) Chapter on Mental Illness and Stress, section on fish oil states: "Fish Oil Recommended. Fish oil may prevent the transition from a subthreshold psychotic state to full-blown psychosis, a doubleblind RCT suggests. In contrast to antipsychotic drugs, fish oil supplements prevent cell deterioration in the brain and lower levels of damaging triglycerides. At the end of the 12-month study, researchers found that the cumulative conversion rates to psychotic disorder were 4.9% in the fish oil group and 27.5% in the placebo group. The effect of omega-3 fatty acids even extended beyond the cessation of the intervention. There was a marked but similar reduction in depressive symptoms in the treatment group. The current study adds to the growing body of evidence pointing to the protective qualities of fish oils in mental health. Epidemiologic studies show that countries where the diet is rich in fish, such as Japan, Norway, and Iceland, have lower levels of schizophrenia. (Amminger, 2010)" Fish oil, should, in fact be taken daily while alive. It is inexpensive, available in many formulations including an FDA approved formulation targeting hypertriglyceridemia. Per Guidelines Fish Oil up to 3 grams per day is medically necessary.

**Decision for Piracetam (GAN):** Upheld

**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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The CA MTUS and the ODG are both silent on Piracetam. Piracetam is not FDA approved. Since the guidelines do not recommend, Piracetam is not medically necessary.