MAXIMUS Federal Services

| Case Number: | CM13-0049492 | | |
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| Date Assigned: | 12/27/2013 | Date of Injury: | 10/23/2003 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

## 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] employee who has filed a claim for chronic elbow and shoulder pain with derivative complaints of psychological stress reportedly associated with an industrial injury of October 23, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; two prior shoulder surgeries; psychotropic medications; rotator cuff repair surgery; and 11% whole-person impairment rating from a shoulder standpoint; electrodiagnostic testing of August 2, 2010, interpreted as negative for any carpal tunnel syndrome, neuropathy, or radiculopathy; and extensive periods of time off work. In an October 24, 2013, progress note, the applicant was described as "still depressed." The applicant reported her depression as reportedly "severe," at 7/10. The applicant stated that she had had no improvement since increasing the dosage of Final Determination Letter for IMR Case Number [redacted] Wellbutrin since the preceding visit. The applicant was asked to continue Wellbutrin and Ativan and again remain off work, on total temporary disability. The applicant was asked to also pursue psychotherapy. In an earlier medical-legal evaluation of February 10, 2011, the applicant was described as having used a variety of psychotropic medications over the course of the claim through that point in time, including Lexapro, Ativan, Wellbutrin, and Cymbalta. In a November 5, 2013, utilization review report, the claims administrator partially certified a request for Wellbutrin on the grounds that the applicant should be periodically reevaluated for changes in depressive symptoms, partially certified a request for Ativan (lorazepam), reportedly for weaning purposes, and modified a request for one "psych" treatment as one psychotherapy treatment. A November 21, 2013, progress note indicated that the applicant reported improvement since increasing her dosage of Wellbutrin, rating her depression at 4/10 as compared to 7/10 at a preceding visit. The applicant's son was reportedly helping her financially. Despite the improvement in mood, the applicant was

placed off work, on total temporary disability, and asked to remain off work indefinitely. In a January 16, 2014, progress note; the applicant stated that she was doing better on Wellbutrin. The applicant stated that she was now intent on trying to attain employment as a seamstress. The applicant reported her depression as 2/10 and stated that a heightened dosage of Wellbutrin had resulted in some improvement in mood. Ativan was again continued at the rate of three times per day.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**WELLBUTRIN SR 200MG, #30 WITH FIVE (5) REFILLS,:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47, 402,Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** According to the ACOEM Guidelines, antidepressants, such as Wellbutrin, often take weeks to exert their maximal effect. In this case, the attending provider has seemingly posited that a heightened dosage of Wellbutrin has in fact succeeded in ameliorating the applicant's mood. The applicant reported reduced depressive symptoms and incremental improvements in mood on office visits of November 2013 and January 2014. Continuing Wellbutrin at the heightened dose as suggested by the attending provider is therefore indicated and appropriate, particularly as the attending provider has documented the efficacy of Wellbutrin on multiple office visits, as suggested of the MTUS Chronic Pain Medical Treatment Guidelines and ACOEM Guidelines. Therefore, the request is medically necessary.

**LORAZEPAM (ATIVAN) 0.5MG:** Upheld

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

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

**Decision rationale:** According to the ACOEM Guidelines, anxiolytics may be appropriate for brief periods, in case of overwhelming symptoms, to afford an applicant with an opportunity to recoup emotional and/or physical resources. In this case, however, the applicant had been using Ativan chronically, for several months to several years. There has been no documentation of any acute panic attacks for which temporary usage of lorazepam or Ativan would be indicated. The ACOEM Guidelines do not support continued usage of Ativan on the scheduled and/or long-term use basis proposed by the attending provider. Therefore, the request is not medically necessary.

**PSYCH TREATMENTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Page(s): 101.

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines does support psychological treatment for appropriately identified applicants, in this case, however, it has not been stated what treatments are being sought here. It is not clearly stated whether the request represents a request for cognitive-behavioral therapy or further outpatient office visits with the applicant's psychiatrist or some other unspecified psychiatric modality. Therefore, the request is not medically necessary.