

<b>Case Number:</b>	CM13-0058025		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/08/1996
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Internal Medicine, and is licensed to practice in Arizona. 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:

The injured worker is a 34 year old woman with a medical history of obesity and hypertension who experienced a work-related injury on 12/8/1996. The type of injury is described as a robbery with assault. The patient has a diagnosis of posttraumatic stress disorder (PTSD) chronic, with major depressive disorder single episode, moderate, and psychological factors effecting medical conditions. A primary physician and psychiatrist treat her. Her recommended treatment is psychotherapy including cognitive behavioral therapy (CBT) and medications including cymbalta 60mg daily, latuda 40mg daily, ativan 1mg twice daily, lunesta 3mg at night and zyprexa 20mg at night. On 10/1/13 the primary treating psychiatric provider requested prospectively lunesta 3mg daily #30 and zyprexa 20mg daily #30 for the treatment period of 11/18/1-1/2/14. The utilization review denied both medications stating that they were not medically necessary. Medical records including evaluations from [REDACTED] dated 12/23/13 and 6/5/13 are reviewed. During these evaluations the patient is noted to have an anxious and fearful affect. She suffers from irritability, fear, anxiety and panic attacks. Her symptoms prevent her from leaving the house alone and she is unable to drive. She is described as having active symptoms of depression and at high risk for suicide. She states she sleeps three hours at a time with the use of medications (the type of medication is not specified). The Epworth Sleepiness Scale is 21 suggesting the presence of a sleep disorder. Her affect is described as consistent with her complaints of anxiety and fear. On 6/5/13 the provider states there is no evidence of psychosis. She is noted to have gained 70 pounds of weight over the preceding years. Also reviewed are encounters with the primary provider dated 7/1/13-7/31/13, 8/6/13, 8/13/13, 8/27/13, 9/1/13, 9/24/13 and 10/1/13. The patient is recurrently described as tearful and depressed. It is noted in 7/13 that she was paranoid and having visual and auditory hallucinations. Latuda was added at that time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Thirty (30) tablets of Lunesta 3 mg:** 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 Treatment of Insomnia, General Approach. Eszopicolone-Lunesta: Drug Information.

**Decision rationale:** The MTUS is silent regarding using lunesta as a treatment for insomnia. According to Uptodate, Treatment of Insomnia, General Approach, "all patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia." Lunesta is a hypnotic drug that can exacerbate depression and cause sedation with respiratory depression. The use of lunesta for the treatment of insomnia for this injured worker with active symptoms of depression is not medically necessary. The employee is already taking a benzodiazepine, ativan, which is a sedative hypnotic medication used for insomnia and anxiety. The concomitant use of lunesta can cause over sedation. The patient has active symptoms of depression and anxiety. Lunesta can worsen depressive symptoms.

### **Thirty (30) tablets of Zyprexa 20 mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.fda.gov](http://www.fda.gov)-Olanzapine Medication Guidelines; and Uptodate.com, Pharmacotherapy for PTSD.

**Decision rationale:** The employee is being treated for diagnosis of PTSD and Major depressive disorder, single episode. The employee continues to have symptoms consistent with depression and anxiety with difficulty sleeping. With regards to zyprexa in the treatment of PTSD and major depressive disorder, the MTUS is silent. The FDA approved indications for the use of zyprexa are schizophrenia, bipolar disorder, depression associated with bipolar disorder and episodes of depression that do not get better after two other medications have been tried when used with fluoxetine. The FDA also notes a boxed warning regarding the possible side effects of zyprexa including hyperglycemia (causing ketoacidosis), hypertriglyceridemia and weight gain. According to Uptodate the section on Pharmacotherapy for PTSD, the overall evidence from clinical trials does not support the use of antipsychotics to augment SSRI/SSNRI medication in the treatment of PTSD in military personnel. The preferred treatment is trauma-focused CBT over medication. If the patient still has symptoms an antidepressant medication (SSRI/SNRI) is tried. In the non-military population there is a small amount of data supporting

the use of combination with an SSRI/SNRI and an atypical antipsychotic medication in the treatment of PTSD. The data is Grade 2C (very weak recommendations, other alternatives may be equally reasonable). This employee has a medical history of obesity and hypertension. There are risks of worsening obesity, hyperglycemia and hypertriglyceridemia with the use of zyprexa. The employee is already being treated with an antipsychotic medication (latuda). With regards to the treatment of PTSD there is no indication for the use of two antipsychotic medications. There is a small amount of evidence that the single use of an antipsychotic may be used with benefit in the treatment of PTSD, however given the potential risk factors of zyprexa the risks out weigh the benefits. The use of zyprexa is not medically necessary.