MAXIMUS Federal Services

| Case Number: | CM13-0059140 | | |
|---|---|---|---|
| Date Assigned: | 12/30/2013 | Date of Injury: | 03/01/2013 |
| Decision Date: | 04/02/2014 | UR Denial Date: | 10/28/2013 |
| Priority: | Standard | Application Received: | 11/29/2013 |

## 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 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 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 patient is a 52 year old female who was injured on 03/01/2013. The patient worked as an escrow officer at [redacted]. Her diagnosis was agoraphobia with panic disorder. Treatment history included medications such as Lexapro 40 mg, Adderall 30 mg, Wellbutrin XL 150 mg, Trazodone 50 mg, and Xanax 0.5 mg. Wellbutrin was increased to 450 mg. Psychological clinic visits with Associated Therapists, Inc occurred on the following dates: 08/07/2013, 08/24/2013, 08/30/2013, 09/09/2013, 09/13/2013, 09/23/2013, 09/27/2013, and 10/09/2013. Clinic note dated 06/13/2013 documented the patient to have complaints of multiple physical symptoms, headaches, nausea and really depressed. Very upset and crying a lot. Objective findings: Patient stopped Lexapro when pharmacist told her it might not be safe. Clinic note dated 08/21/2013, documentation is not legible. Clinic note dated 09/13/2013, documentation not legible. Clinic note dated 09/17/2013, patient states sleep has improved, up and down a few times; is scheduled for cardiac stress test. Objective findings include the patient still having daily anxiety; Clinic note dated 10/01/2013 indicates patient feels the heightening of anxiety. Depression comes and goes, suggests exercise but she "feels like I'm going to pass out". Objective findings not legible. Clinic note dated 10/13/2013 indicates patient never got the Abilify approved. The remainder is not legible. Objective findings are not legible.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 450MG AM (Quantity unknown):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Bupropion (Wellbutrin).

**Decision rationale:** As per ODG, Wellbutrin is recommended as a first-line treatment option for major depressive disorder. This patient is diagnosed with major depression and ADD. However, there is no complete psychological evaluation available for review to establish a diagnosis of depression to determine the medical necessity of the prescribed medications. The records available are handwritten, illegible and absent sufficient information to determine medical necessity. Thus, the request is non-certified.

**Lexapro 40mg AM (Quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Escitalopram (Lexapro).

**Decision rationale:** As per ODG, Lexapro is recommended as a first-line treatment option for major depressive disorder. This patient is diagnosed with major depression and ADD. However, there is no complete psychological evaluation available for review to establish a diagnosis of depression to determine the medical necessity of the prescribed medications. The records available are handwritten, illegible, and absent sufficient information to determine medical necessity. Thus, the request is non-certified.

**Trazodone 30mg HS (Quantity unknown):** 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), Online Version, Pain Chapter - Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Trazodone (Desyrel).

**Decision rationale:** CA MTUS guidelines do not address Trazodone, and hence ODG have been consulted. As per ODG, Trazadone is "recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." In this case, this patient is diagnosed with major depression and ADD. There is not enough information available regarding the patient's sleep disturbance. There is no documentation of psychological or behavior assessment. Thus, the request is non-certified.

**Abilify 5mg HS (Quantity unknown):** 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), Mental Illness and Stress, Aripiprazole (Abilify).

**Decision rationale:** CA MTUS guidelines do not address Abilify, and hence ODG have been consulted. As per ODG, Abilify is not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first line psychiatric treatment for schizophrenia. This patient is diagnosed with major depression and ADD, and Abilify is not recommended. Thus, the request is noncertified