

<b>Case Number:</b>	CM14-0018302		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	12/11/2008
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 56-year-old female who reported an injury on 12/11/2008. The worker was injured while pulling ice from a refrigerator and her right hand hit the refrigerator door hard. A psychological evaluation performed on 01/12/2012 noted her Beck Depression Inventory score was 44. A psychiatric report dated 07/05/2012 stated the injured worker had severe depression due to the injuries to the right arm, wrist, hand, and fingers. Global assessment functioning was at 45. Another psychological evaluation performed on 04/09/2013 noted her Beck Anxiety Inventory score was 37 which was decreased from a prior score of 45. The injured workers Beck Depression Inventory was 43, which was decreased from a prior score of 44. The psychiatric update report dated 10/02/2013 stated the injured worker was prescribed Saphris, not for psychosis, but for refractory major depressive disorder and post- traumatic stress disorder. A psychiatric update report dated 11/20/2013 mentioned increasing Savella to 100mg; however, the documentation submitted did not state the diagnosis Savella was prescribed for and how long she had been on it. The psychiatric update report dated 03/14/2014 mentioned changing Zolpidem to Trazodone and then to Remeron. That psychiatric report also mentioned Klonopin was discontinued. The request for authorization form was not submitted within the medical records. The request is for Saphris 5mg #60, Klonopin 0.5mg #30, Savella 100mg #60, and Zolpidem 10, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SAPHRIS 5MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANITDEPRESSANTS Page(s): 16.

**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, Atypical Antipsychotic.

**Decision rationale:** The request for Saphris 5mg, #60 is non-certified. The injured worker has been diagnosed with refractory major depressive disorder (MDD) and posttraumatic stress disorder (PTSD). According to the Official Disability Guidelines, antipsychotics are not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. In addition, the frequency was not written on the request. Therefore, the request is not medically necessary.

**KLONOPIN 0.5MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

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

**Decision rationale:** The request for Klonopin is non-certified. The injured worker had been diagnosed with refractory depression and neuropathic pain. The California Chronic Pain Medical Treatment guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In the psychiatric follow-up note, it was stated that Klonopin was replaced with Hydroxyzine; in the medication section, it stated that Klonopin was discontinued. The psychiatric report noted the worker was taking Klonopin for anxiety; however, the guideline recommends antidepressants for anxiety rather than benzodiazepines. In addition, there was not a frequency written on the request. Therefore, the request is not medically necessary.

**ZOLPIDEM 10, #30:** 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), Pain Chapter.

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

**Decision rationale:** The request for Zolpidem 10, #30 is non-certified. The injured worker had been diagnosed with refractory depression and neuropathic pain. The Official Disability Guidelines state Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. The psychiatric follow-up report stated the Zolpidem was being discontinued and Trazodone was being recommended because the Ambien was not working well for insomnia. In addition, there is not a frequency stated on the request. Therefore, the request is not medically necessary.

**SAVELLA 100MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62-63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

**Decision rationale:** The request for Savella 100mg #60 is non-certified. The injured worker has been diagnosed with refractory depression and PTSD. The Chronic Pain Medical Treatment guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. In addition, the frequency was not stated on the request. Therefore, the request is not medically necessary.