

<b>Case Number:</b>	CM14-0113536		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain medicine, and is licensed to practice in Ohio and Texas. 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 52-year-old male who reported an injury on 07/19/2010. The mechanism of injury was not stated. The current diagnoses include anxiety and depression. The injured worker was evaluated on 05/08/2014. It is noted that the injured worker is currently treated for anxiety and depression associated with a work related brain injury. The current medication regimen includes Saphris 10 mg, clonazepam 1 mg, Lunesta 3 mg, Viibryd 40 mg, and Deplin 15 mg. The injured worker reported symptoms of frustration, anger, and depression. It is also noted that the injured worker was actively receiving psychotherapy. Treatment recommendations at that time included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deplin tablets 15mg #30 between 7/2/14 and 8/16/14: Upheld**

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

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

**Decision rationale:** Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. There is no documentation of a nutritional deficiency. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Lunestra 3mg # 30 between 7/2/14 and 8/16/14:** Upheld

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

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

**Decision rationale:** Official Disability Guidelines state insomnia treatment is recommended based on etiology. There is no documentation of a failure to respond to nonpharmacologic treatment prior to the initiation of a prescription product. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Saphris tablets 10mg # 30 between 7/2/14 and 8/16/14:** Upheld

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

**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 chapter, Atypical antipsychotics.

**Decision rationale:** Official Disability Guidelines state atypical antipsychotics are not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics. The injured worker does maintain a diagnosis of anxiety and depression. However, there is no evidence of a psychotic disorder that would warrant the need for the requested medication. There is also no frequency listed in the request. As such, the request is not medically necessary.