

<b>Case Number:</b>	CM14-0184998		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	01/03/2005
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 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 low back pain reportedly associated with an industrial injury of January 3, 2005. Thus far, the applicant has been treated analgesic medications; psychotropic medications; opioid therapy; anxiolytic medications; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated November 1, 2014, the claims administrator approved request for one psychiatry outpatient visit, partially approved a request for Pristiq with two refills as Pristiq with no refills, partially approved request for Abilify #30 with two refills as Abilify #30 with no refills, partially approved Prazosin 1 mg #120 with refills as Prazosin 1 mg #120 with no refills, and denied a request for Lorazepam (Ativan) outright. Trazodone 50 mg #60 with two refills was partially as Trazodone 50 mg #60 with no refills. The claims administrator stated that it was partially approving Prazosin for posttraumatic stress disorder on the grounds that a one-month approval would afford the attending provider with the opportunity to monitor the applicant. Abilify was likewise partially approved for depression. Pristiq was also partially approved for reported medication monitoring. The applicant's attorney subsequently appealed. In progress note dated October 27, 2014, the applicant reported persistent complaints of low back pain with derivative complaints of depression, anxiety, nightmares, sleep disorder, and posttraumatic stress disorder (PTSD). The applicant was having issues with depression, hopelessness, impaired ability to concentrate, and anxiety, it was noted. The applicant was reporting intermittent, episodic chest pain, reportedly imputed to anxiety. The applicant stated that he had a persistently depressed mood. The applicant was having difficulty moving and doing basic activities of daily living, it was noted. The applicant had severe depression. Pristiq, Abilify, Prazosin, Ativan, and Desyrel were endorsed while the applicant was placed off of work, on total temporary disability. It was

stated that the applicant was using Metformin, Percocet, and Flexeril through another provider. It was suggested that the applicant was off of work owing to a combination of medical and mental symptoms. In a progress note dated August 18, 2014, the applicant reported ongoing complaints of low back pain radiating into the legs. 5/10 pain was noted. The applicant was using Seroquel, Percocet, Abilify, Ativan, Pristiq, Flexeril, and Neurontin, it was acknowledged. 5/10 pain was noted. The attending provider stated that he was appealing previous denials of Percocet, Robaxin, Neurontin, and Flexeril. The attending provider posited that the applicant's pain medications were improving his ability to perform activities of self-care and personal hygiene and food preparation. Permanent work restrictions were renewed. The applicant was not seemingly working with permanent limitations in place. In an earlier psychiatry note dated August 30, 2014, the applicant reported persistent complaints of low back pain. The applicant was using a cane to move about. The applicant was having issues with flashbacks, nightmares, persistently depressed mood, sleep and appetite disturbance, anger, feelings of helplessness, and feelings of hopelessness evident on this occasion. The applicant had withdrawn from arts school as a result, it was stated. The applicant did deny suicidal or homicidal ideation. The applicant appeared downcast and dysphoric in the clinic. The applicant was making depressive ruminations, it was further noted. Slow mental processing and "moderately severe impairment" were noted from a mental health perspective in terms of attention, concentration, short-term memory. Pristiq, Abilify, Prazosin, Ativan, and Desyrel were renewed while the applicant was kept off of work, on total temporary disability, by the applicant's psychiatrist. In a progress note dated July 21, 2014, the applicant's psychiatrist again renewed Pristiq, Abilify, Prazosin, Ativan and Desyrel while keeping the applicant off of work, on total temporary disability. It was again noted that the applicant had a persistently depressed mood, was making depressive ruminations, and had moderately severe impairment in terms of attention, concentration, and impairment of short-term memory. It was stated that the applicant had occasional visual hallucinations including seeing cars on the road which were not actually present.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 prescription of Pristiq 50mg #30 with 2 refills: Upheld**

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

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Pristiq often take "weeks" to exert their maximal effect, in this case, however, the applicant has been using Pristiq for what appears to be a minimum of several months. Ongoing usage of Pristiq has failed to generate any significant benefit to date. The applicant remains off of work, on total temporary disability, from a mental health perspective, it was acknowledged on several psychiatry progress notes, referenced above, including July 21, 2014 and October 27, 2014. The applicant was consistently described as

appearing dysphoric, exhibiting slow mental processing, having moderately severe impairment in terms of attention, concentration, memory, etc. The applicant was also reporting issues with difficulty obtaining sleep, persistently depressed mood, impaired ability to concentrate, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Pristiq. Therefore, the request is not medically necessary.

**1 prescription of Abilify 5mg #30 with 2 refills: 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:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course of antipsychotics is important, this recommendation, however, is qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, it appeared that Abilify is being given for antidepressant effect, to augment Pristiq. However, the attending provider consistently reported on multiple office visits, referenced above, including on July 21, 2014 and October 27, 2014, that the applicant was not significantly improved from a mental health standpoint, despite ongoing usage of Pristiq. The applicant remained off of work, on total temporary disability, from a mental health standpoint. The applicant continued to report issues with dysphoria, helplessness, hopelessness, nightmares, flashbacks, difficulty obtaining sleep, a persistently depressed mood, etc. The applicant was described as severely depressed on October 27, 2014, despite prior usage of Abilify. The applicant was described as having issues with depressive ruminations and moderately severe impairment in terms of attention, concentration, short-term memory; it was noted on that occasion. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Abilify. The attending provider did not outline any meaningful improvements in either mood or function achieved as result of ongoing Abilify usage. Therefore, the request is not medically necessary.

**1 prescription of Prazosin 1mg #120 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, PTSD Pharmacotherapy topic

**Decision rationale:** While the MTUS does not specifically address the topic of Prazosin usage, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. While

the Official Disability Guidelines mental illness and stress chapter PTSD Pharmacotherapy topic does acknowledge that Prazosin can be considered to augment in management of nightmares of other symptoms of PTSD, in this case, however, the applicant has been using Prazosin for what appears to be a span of several months. Ongoing usage of Prazosin has failed to significantly curtail the applicant's symptoms of nightmares, mood disturbance, sleep disturbance, etc. It does not appear that the applicant's mood, sleep disturbance, or other depressive symptoms have been appreciably ameliorated as a result of ongoing Prazosin usage. The applicant remains off of work, on total temporary disability; it is further noted, despite ongoing Prazosin usage. The applicant was still described on October 27, 2014 as exhibiting issues with moderately severe impairment in terms of attention, concentration, mental processing, and short-term memory. All of the foregoing, taken together, suggests a lack of functional impairment as defined in MTUS 9792.20f, despite ongoing usage of Prazosin and does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

**Lorazepam 1mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Lorazepam (Ativan) may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the applicant and/or attending provider are intent on employing Lorazepam for chronic, long-term, and/or scheduled use purposes, for sedative effect. This is not an ACOEM-endorsed role for Lorazepam (Ativan). Therefore, the request is not medically necessary.

**1 prescription of Trazodone 50mg #60 with 2 refills:** Upheld

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

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledged that antidepressants such as Trazodone often take "weeks" to exert their maximal effect, in this case, however, the applicant has been using Trazodone for what appears to be a span of several months, at a minimum. The applicant has, however, failed demonstrate any significant improvement with ongoing Trazodone usage, in terms of mood, function, sleep, or any other parameter. The applicant remains off of work, on total temporary disability. The applicant is still having issues with nightmares, difficulty sleeping, mood disturbance, dysphoria, helplessness, hopelessness, etc. The applicant has continued to report some moderately severe

impairment in terms of attention, concentration, and short-term memory, coupled with the applicant's failure to return to work, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Trazodone, and does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.