

<b>Case Number:</b>	CM14-0047361		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/13/2007
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 56 year old male with date of injury 9/13/07. The patient worked as a staff nurse providing inmate care in the jail and was exposed to numerous psychological exposures and suffered injury to the right knee, right hand and right wrist from a slip and fall injury at work. The treating physician report dated 5/8/14 indicates that the patient continues to suffer with post-traumatic stress disorder with anxiety, depression and difficulty sleeping. The treating physician states that the patient is stable on his current medications to help control his mood and allow more restful sleep. The current diagnoses are: 1. Chronic post-traumatic stress disorder / Adjustment disorder 2. Mixed anxiety and depressed mood 3. Insomnia 4. Male hypoactive sexual desire due to pain 5. Nightmares The utilization review report dated 3/19/14 denied the request for monthly psychotropic medication management sessions once a month for 6 months, Zoloft, Klonopin and Aplenzin based on the rationale that there is no information regarding the patients current condition and status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Monthly psychotropic medication management sessions once a month for 6 months:**

Overtaken

**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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, (2004), chapter 7, page 127 ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

**Decision rationale:** The patient presents with chronic post-traumatic stress disorder and depression with insomnia. The current request is for monthly psychotropic medication management 1x6. The treating physician has documented that the patient has been referred to a psychiatrist for psychotropic medication management and the patient has been stable on the current medication schedule. The ACOEM guidelines indicate that a referral to a specialist is warranted if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The treating physician has asked for monthly psychotropic medication management to help treat the patient for PTSD (post-traumatic stress disorder) and depression. Therefore, the request of Monthly psychotropic medication management sessions once a month for 6 months is medically necessary and appropriate.

**Zoloft 100mg twice a morning for depression:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Mental Illness chapter, SSRI's (selective-serotonin reuptake inhibitors) for PTSD (post-traumatic stress disorder).

**Decision rationale:** The patient presents with chronic post-traumatic stress disorder and depression with insomnia. The current request is for Zoloft (Sertraline) 100mg twice a morning for depression. The treating physician report dated 5/8/14 indicates that the patient has been stable on Zoloft with decreased stress and anxiety. The MTUS guidelines do not address Zoloft. The ODG guidelines do support Sertraline for the treatment of PTSD (post-traumatic stress disorder). In this case the treating physician has documented that the prescribed medication is helping to relieve the patient's stress and anxiety and Sertraline is supported by ODG. Therefore, the request of Zoloft 100mg twice a morning for depression is medically necessary and appropriate.

**Klonopin 1mg and a half a day and 1 at bedtime for anxiety:** Upheld

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

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

**Decision rationale:** The patient presents with chronic post-traumatic stress disorder and depression with insomnia. The current request is for Klonopin 1mg and a half a day and 1 at bedtime for anxiety. The treating physician report dated 5/8/14 indicates that the patient has been stable on Zoloft with decreased stress and anxiety. The MTUS Guidelines state, Benzodiazepines--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. MTUS does not support the usage of this medication beyond 4 weeks and the treating physician has prescribed the medication for greater than 6 months without any documentation to support continued prescription beyond the MTUS recommendations. Therefore, the request of Klonopin 1mg and a half a day and 1 at bedtime for anxiety is not medically necessary and appropriate.

**Aplenzin 522 one in the morning for depression:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 and Stress Chapter, Antidepressants for treatment of MDD (major depressive disorder), Bupropion (Wellbutrin®).

**Decision rationale:** The patient presents with chronic post-traumatic stress disorder and depression with insomnia. The current request is for Aplenzin 522 (Bupropion-Wellbutrin) one in the morning for depression. The treating physician report dated 5/8/14 indicated that the patient is prescribed Aplenzin to help reduce the intensity of his depressed mood. The MTUS guidelines support Bupropion for treatment of neuropathic pain. The ODG guidelines support Bupropion as a first line treatment option for major depressive disorder. The patient has been diagnosed with depression and has been stable on this medication. Therefore, the request of Aplenzin 522 one in the morning for depression is medically necessary and appropriate.