

<b>Case Number:</b>	CM14-0187163		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	01/13/2006
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Psychiatry 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:

Injured worker is a 52 year old female with date of injury 1/3/2006. The date of the UR decision was 10/9/2014. She sustained neck and low back during a confrontation with a juvenile offender. Per the report dated 5/22/2014, the injured worker reported subjective complaints of poor sleep, variable depression. She also reported that Prozac and Lunesta were not helpful and thus were discontinued. She was prescribed Wellbutrin and Restoril per the report. She was diagnosed with Major Depressive Disorder, single episode; Psychological factors affecting medical condition and Insomnia type sleep disorder due to pain. He was being prescribed Ativan 2 mg three times daily for anxiety, Buspar 5 mg twice daily for depression, Trileptal 300 mg twice daily for seizures, Wellbutrin XL 150 mg in the mornings for depression and Restoril 15 mg at bedtime for insomnia. Per report dated 7/29/2014, the injured worker complained of severe mood swings, periods of euphoria with profound depression and poor sleep. She was prescribed Ativan 2 mg three times daily for anxiety, Buspar 5 mg twice daily for depression, Trileptal 300 mg twice daily for seizures, Wellbutrin XL 300 mg in the mornings for depression and Zyprexa 10 mg at bedtime for psychosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly psychotropic medication management and approval one session per month for six months plus medication approval per attached PR-2 DOS: 10/9/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 09/29/2014; regarding office visits

**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, Office visits Stress Related Conditions

**Decision rationale:** The ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. " Per report dated 8/1/2014, the injured worker has been diagnosed with Major Depressive Disorder, single episode; Psychological factors affecting medical condition and Insomnia type sleep disorder due to pain and is being prescribed Ativan 2 mg three times daily for anxiety, Buspar 5 mg twice daily for depression, Trileptal 300 mg twice daily for seizures, Wellbutrin XL 300 mg in the mornings for depression and Zyprexa 10 mg at bedtime for psychosis. The request for Monthly psychotropic medication management and approval one session per month for six months plus medication approval per attached PR-2 DOS: 10/9/2014 is excessive and not medically necessary. The injured worker is taking medications that are not recommended for long term use such as Benzodiazepines, certain medication such as Zyprexa, Wellbutrin, Trileptal and Buspar that are being used in this case are not clinically indicated. Thus, the request is not medically necessary.

**Ativan 2mg, one TID #105 DOS: 10/9/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** The MTUS states "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Ativan 2 mg three times daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of Benzodiazepines should be limited to 4 weeks. The

MTUS also talks about Benzodiazepine: Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006) The request for Ativan 2mg, one TID #105 DOS: 10/9/2014 is excessive and not medically necessary as Benzodiazepines are recommended only as a short term treatment.

**Buspar 5mg, one BID #70 DOS: 10/9/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 10/02/2014 ; regarding Buspar

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain

**Decision rationale:** Per the ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. Report dated 8/1/2014 suggests that the injured worker is being prescribed, Buspar 5 mg twice daily for depression. Buspar is FDA approved for short term treatment of Generalized Anxiety Disorder, other anxiety disorders and offers no significant benefit in treatment of depression for which it is being prescribed in this case. Thus, the request for Buspar 5mg, one BID #70 DOS: 10/9/2014 is not medically necessary.

**Trileptal 300mg, one BID #70: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-convulsants; Trileptal.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov- Trileptal

**Decision rationale:** Trileptal (Oxcarbazepine) is indicated for use as monotherapy or adjunctive therapy in the treatment of partial seizures in adults and as monotherapy in the treatment of partial seizures in children aged 4 years and above with epilepsy, and as adjunctive therapy in children aged 2 years and above with epilepsy. Trileptal is also prescribed off-label to treat bipolar disorder. Per report dated 8/1/2014, the injured worker is being prescribed Trileptal 300 mg twice daily for seizures. There are no details regarding seizure disorder or any neurologist reports indicating the same. Injured worker has been diagnosed with Major Depressive Disorder, single episode; Psychological factors affecting medical condition and Insomnia type sleep disorder due to pain. The use of Trileptal seems to be off label in this case. Thus, the request for Trileptal 300mg, one BID #70 is not medically necessary.

**Wellbutrin XL 300mg, one QAM #35 DOS: 10/9/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness; Bupropion (Wellbutrin®), Antidepressants for treatment of MDD (major depressive disorder)

**Decision rationale:** The MTUS talks about use of Bupropion in chronic neuropathic pain but is silent regarding its use in depression. The ODG states "Bupropion (Wellbutrin) is recommended as a first-line treatment option for major depressive disorder. It also states "Antidepressants for treatment of MDD (major depressive disorder): Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach" There is a mention of Trileptal being prescribed for seizure disorder per report dated 8/1/2014, however there are no details available. It is unsure if the injured worker suffers from seizure disorder or not. In case the injured worker does have history of seizures, then Wellbutrin will not be clinically indicated as it lowers the seizure threshold. Based on unavailability of clear information regarding this issue, the request for Wellbutrin XL 300mg, one QAM #35 DOS 10/9/2014 is not medically necessary.

**Zyprexa 10mg. one QHS #35: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OODG-TWC Mental Illness & Stress Procedure Summary last updated 06/12/2014 Olanzapine (Zyprexa)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Atypical Antipsychotics; Zyprexa Other Medical Treatment Guideline or Medical Evidence: FDA.gov- Zyprexa

**Decision rationale:** The ODG states "Zyprexa is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were Aripiprazole (Abilify), olanzapine (Zyprexa), Quetiapine (Seroquel), and Risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." Zyprexa is FDA approved for Schizophrenia, Acute treatment of manic

or mixed episodes associated with bipolar I disorder and maintenance treatment of bipolar I disorder. Injured worker has been diagnosed with Major Depressive Disorder, single episode; Psychological factors affecting medical condition and Insomnia type sleep disorder due to pain. The injured worker does not have diagnosis for which Zyprexa is FDA approved for. The use of Zyprexa seems to be off label in this case. Thus, the request for Zyprexa 10mg. one QHS #35 is not medically necessary.