

<b>Case Number:</b>	CM14-0200083		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 pain syndrome and psychological stress reportedly associated with an industrial injury of October 7, 2011. In a utilization review report dated November 14, 2014, the claims administrator failed to approve a request for BuSpar, lithium, Ambien, and Lexapro. The claims administrator referenced an RFA form received on October 30, 2014 in its determination. On April 28, 2014, the applicant reported issues with depression, anxiety, and posttraumatic stress disorder reportedly associated with witnessing a coworker commit suicide. The applicant was placed off work, on total temporary disability, from a mental health perspective. The applicant was reportedly using Lexapro, temazepam, lithium, and Abilify. At the bottom of the report, the attending provider stated that he was going to stop Abilify and employ BuSpar. On May 14, 2014, the applicant denied any suicidal intent or homicidal intent. The applicant had developed seizures, however, it was noted. The applicant was again placed off work, on total temporary disability. The applicant was using Lexapro, temazepam, lithium, and BuSpar, it was reiterated. On October 21, 2014, the attending provider noted that the applicant was using Lexapro, BuSpar, lithium, and Desyrel. The applicant was still having issues with depression. The applicant was again placed off work, on total temporary disability. The attending provider stated that the applicant denied any suicidal or homicidal intent. The attending provider stated that he needed to increase the dosage of trazodone to ameliorate the applicant's ability to sleep. The attending provider stated that he was going to increase Lexapro to 20 mg daily dosing from the 10 mg dosing which was formerly prescribed on September 3, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspar 15mg BID (unspecified QTY): 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 acknowledges that anxiolytics such as BuSpar may be appropriate for "brief periods" in cases of overwhelming symptoms, in this case, however, there was no mention of the applicant's having any overwhelming mental health issues which would compel provision of BuSpar. Furthermore, the applicant has been using BuSpar for a minimum of several months, i.e., well in excess of the "brief periods" for which it is recommended, per ACOEM. Therefore, the request was not medically necessary.

**Lithium Carbonate 300mg (unspecified QTY): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Lithium Medication Guide

**Decision rationale:** While the MTUS does not specifically address the topic of lithium, a mood stabilizer, the MTUS Guideline in ACOEM Chapter 3, page 47 notes that it is incumbent upon a prescribing provider to discuss the efficacy of the medications for the condition for which it is being prescribed. Here, however, the attending provider did not clearly state for what condition or conditions lithium was being prescribed. Lithium, per the Food and Drug Administration (FDA), is indicated in the treatment of bipolar disorder and/or manic-depressive disorder. Here, however, the applicant has not been given such a diagnosis, but rather, has been given primary diagnoses of post-traumatic stress disorder and major depressive disorder. Lithium, thus, is not indicated in the clinical context present here. Therefore, the request is not medically necessary.

**Ambien 10mg (unspecified QTY): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Ambien, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The FDA, however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant has been using Ambien for what appears to be a minimum of several months. Such usage, however, is incompatible with the FDA label. The attending provider did not, it is further noted, furnish any compelling applicant-specific information, rationale, or narrative commentary, which would support such usage. Therefore, the request is not medically necessary.

**Lexapro 10mg (unspecified QTY):** Overturned

**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:** As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Lexapro often take "weeks" to exert their maximal effect. Here, the attending provider apparently acknowledged in October 2014 that the current doses of Lexapro was suboptimal and elected to increase the same on the grounds that the applicant's depression control was suboptimal on the lesser doses of Lexapro. Continuing the same, on balance, was indicated as ACOEM acknowledges that antidepressants often have a long latency period and the attending provider had established the presence of some attenuation in depressive symptoms with previous usage of Lexapro. Therefore, the request is medically necessary.