

Case Number:	CM14-0205642		
Date Assigned:	12/17/2014	Date of Injury:	01/13/2006
Decision Date:	02/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/09/2014

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 major depressive disorder, mood swings, and generalized anxiety disorder reportedly associated with an industrial injury of January 13, 2006. In a Utilization Review Report dated December 4, 2014, the claims administrator partially approved a request for six psychotropic medication management visits as one psychotropic medication management visit, partially approved request for Ativan for weaning purposes, partially approved request for BuSpar for weaning purposes, partially approved request for Wellbutrin for weaning purposes, and partially approved request for Zyprexa for weaning purposes. The claims administrator invoked non-MTUS Guidelines almost exclusively throughout the report, despite the fact that the MTUS addresses the topic. The claims administrator referenced office visits of September 18, 2014 and July 29, 2014 in its determination. In a pain management visit dated October 10, 2014, the applicant reported ongoing complaints of low back and neck pain, 0/10 with medications versus 7/10 without medications. The applicant had reportedly been hospitalized for 40 days for severe depression and was receiving Prozac for the same. The applicant was also using a TENS unit. The applicant had received epidural steroid injection therapy, it was noted. The applicant was not working, it was acknowledged. In a psychiatry note dated October 7, 2014, the applicant reported a variety of medical and mental health issues, including alcoholism, psychological distress, suicidal ideation, major depressive disorder, and chronic low back pain. The applicant had apparently been deemed 100% disabled from a psychiatric basis, it was noted. The applicant had apparently been hospitalized in August 2013 owing to suicidal and homicidal ideation. The applicant's current Global Assessment of Functioning (GAF) was 48. The applicant appeared anxious, agitated, restless, and mentally distressed during the evaluation. The applicant stated that she had no intent of acting on the results of the hospitalization. The applicant was given

diagnoses of major depressive disorder and bipolar disorder. The applicant was kept off of work from a medical perspective. The psychologist stated that he was seeking authorization for 20 weekly sessions of psychotherapy and six monthly psychotropic medication management visits while keeping the applicant off of work. In an earlier psychology note dated August 1, 2014, the applicant was given prescriptions for Ativan for anxiety, BuSpar for depression, Trileptal for seizures, Wellbutrin for depression, and Zyprexa for alleged psychosis. The applicant complained of severe mood swings with periods of euphoria superimposed on issues with profound depression and poor sleep. The attending provider stated that the applicant had been on the psychotropic medications for years. The applicant was not working, it was noted. In a July 31, 2014 psychology note, the applicant was described as having issues with anxiety, depression, isolation, negative thinking, and suicidal thoughts. The attending provider stated that the applicant's medication regimen was allowing her to control her symptoms, participate in support groups, attain church activities, and attain vocational classes. The treating provider posited that the applicant's psychotropic medications were needed to avoid the applicant decompensating mentally. On October 1, 2014, the applicant stated that her psychiatric symptoms had persisted. The applicant continued to report issues with mood swings and volatility, unimproved with medications. The applicant herself acknowledged that the medications she was using were not, in fact, helpful. The attending provider acknowledged that the applicant had been using the same medications for years. The applicant was kept off of work, on total temporary disability. The attending provider stated that the applicant was using Zyprexa for psychosis, BuSpar for depression, Ativan for anxiety, and Wellbutrin for depression.

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, 1 session pr month for 6 months plus medication approval for PR-2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of follow-up visits should be determined by the severity of an applicant's mental health issues. Here, the applicant has significant mental health issues, which include depression, suicidal ideation, bipolar disorder, mood swings, mood volatility, etc. The applicant's mental health issues, thus, are fairly profound and do require follow-up visits on the order that proposed so as to ensure that the applicant's mental health does not deteriorate or decompensate further. Therefore, the request is medically necessary.

Ativan 2mg #90: Upheld

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

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 Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider and/or applicant are seemingly intent on employing Ativan for chronic, long-term, and/or scheduled use purpose, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. Furthermore, the attending provider did not furnish any compelling rationale for provision with two separate anxiolytic medications, Ativan and BuSpar. Therefore, the request is not medically necessary.

Buspar 5mg #60: Upheld

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: 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 BuSpar may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the applicant and/or attending provider appear intent on employing BuSpar for chronic, long-term, and/or scheduled use purposes. This is not an ACOEM-endorsed role for the same. The attending provider did not, furthermore, furnish a compelling rationale for concurrent provision of two separate anxiolytic medications, Ativan and BuSpar. Therefore, the request is not medically necessary.

Wellbutrin XL 300mg #90: Upheld

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

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 it often takes "weeks" for antidepressants such as Wellbutrin to exert their maximal effect, in this case, however, the applicant has been using Wellbutrin for a span of several years. It does not appear that Wellbutrin has generated any significant therapeutic effect. The applicant remains off of work. The applicant continues to issues with mood lability, emotional lability, volatility, suicidal ideation, etc. The applicant herself noted on October 1, 2014, moreover, that her psychotropic medications were not, in fact, helpful in terms

of ameliorating her mood and/or attenuating her mood swings. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Wellbutrin. Therefore, the request is not medically necessary.

Zyprexa 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and stress, Atypical Antipsychotics

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47; 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 is, however, qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should discuss the efficacy of a particular medication for the particular condition for which it is being prescribed and should, furthermore, base his choice of recommendations on efficacy of medication. Here, the applicant is off of work, on total temporary disability, despite longstanding usage of Zyprexa, an atypical antipsychotic. While the attending provider stated that he was prescribing Zyprexa for psychosis, several progress notes, referenced above, including a comprehensive psychological evaluation dated October 2, 2014, contained no mention of the applicant's having issues with psychotic breaks, schizophrenia, hallucination, etc. It did not appear, in short, that Zyprexa was, in fact, being used for issues with psychosis, contrary to the attending provider's assertions. Furthermore, ongoing usage of Zyprexa had failed to generate any significant improvement in the applicant's mental health issues. The applicant remained off of work, on total temporary disability, from a mental health standpoint. The applicant continued to report issues with mood swings, volatility, and suicidal ideation, despite ongoing usage of Zyprexa. Ongoing usage of Zyprexa over the preceding several years, in short, failed to generate any significant benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.