

Case Number:	CM14-0207491		
Date Assigned:	12/19/2014	Date of Injury:	04/07/2011
Decision Date:	02/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/11/2014

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 major depressive disorder (MDD), generalized anxiety disorder (GAD), headaches, dizziness, tinnitus, and knee pain reportedly associated with an industrial injury of April 7, 2011. In a Utilization Review Report dated December 10, 2014, the claims administrator denied request for Viibryd, Latuda, and Klonopin while approving a request for Nuvigil. The claims administrator referenced a progress note dated December 12, 2014 in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated March 18, 2014, the medical-legal evaluator noted that the applicant had issues with depression, anxiety, postconcussion syndrome, median neuropathy, and balance issues. The applicant was off of work, on total temporary disability, and had not worked since July 2011, the medical-legal evaluator noted. The applicant was using Viibryd for depression, Latuda for depression, Pamelor for headaches, Klonopin for anxiolytic effect one to three times daily, and dietary supplements. The medical-legal evaluator suggested that some of the applicant's issues were a function of cumulative trauma at work. 32% whole-person impairment rating was issued. Permanent work restrictions were endorsed. On March 31, 2014, the applicant's psychiatrist stated that the applicant had issues with depression and anxiety. The applicant stayed in bed for days, it was acknowledged. The applicant reported issues with poor energy and lost of concentration. The applicant was asked to continue Viibryd, Latuda, Deplin, and Klonopin. The applicant was asked to begin Desyrel. On November 6, 2014, the applicant again reported issues with major depressive disorder (MDD). The applicant stated that he was depressed most of the time. The applicant

was sleeping five to six hours a night. The applicant stated that his energy level was better following introduction of Nuvigil. The applicant's concentration was reportedly good. The applicant was asked to continue Viibryd for depression and continue Latuda for mood stabilization and hallucination purposes. The applicant exhibited good eye contact and euthymic affect in the clinic. Fair cognition, judgment, and insight were noted. In an earlier note dated October 9, 2014, the applicant was described as feeling hopeless and helpless. No hallucinations were evident. The applicant did exhibit fair cognition and insight with a depressed mood and affect. The applicant was asked to continue Latuda. Viibryd was endorsed at a heightened dosage. The applicant was asked to employ Klonopin for anxiolytic effect and Desyrel for insomnia. In an earlier note dated September 8, 2014, the attending provider stated that the applicant was using Viibryd for depression and Latuda for mood stabilization and hallucination purposes. The applicant was asked to employ Klonopin for anxiolytic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd 40mg#30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG0 Treatment in Workers Compensation (TWC), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47; 402.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Viibryd may be helpful to alleviate symptoms of depression as were reportedly present here. Furthermore, this recommendation, it is incidentally noted, is qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of medication efficacy for the particular condition into his choice of recommendation. Here, the attending provider's November 6, 2014 progress note did suggest that the applicant's sleep had improved and that the applicant's sleep, concentration, and energy levels had all improved as of that date. The applicant denied any issues with hopelessness or helplessness, which were reportedly evident on earlier notes of October 9, 2014 and September 8, 2014. Thus, it does appear that continued usage of Viibryd at the heightened dose employed by the attending provider has resulted in some augmentation in the applicant's mood. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.

Latuda 40mg #30: 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 Viibryd may be helpful to alleviate symptoms of depression as were reportedly present here. Furthermore, this recommendation, it is incidentally noted, is qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of medication efficacy for the particular condition into his choice of recommendation. Here, the attending provider's November 6, 2014 progress note did suggest that the applicant's sleep had improved and that the applicant's sleep, concentration, and energy levels had all improved as of that date. The applicant denied any issues with hopelessness or helplessness, which were reportedly evident on earlier notes of October 9, 2014 and September 8, 2014. Thus, it does appear that continued usage of Viibryd at the heightened dose employed by the attending provider has resulted in some augmentation in the applicant's mood. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.

Klonopin 0.5mg #45: 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) Treatment in Workers Compensation (TWC), 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 anxiolytics such as Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the attending provider and/or applicant are intent on employing Klonopin for long-term, scheduled, and/or twice to thrice daily use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for Klonopin. Therefore, the request was not medically necessary.