

<b>Case Number:</b>	CM14-0207910		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	12/11/2001
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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:

This is a 12/11/01 male with a 12/11/01 date of injury. He injured his lower back when he was lifting a heavy industrial window. According to an 11/3/14 psychological report, the patient reported that he was in much pain and was very depressed. He had broken sleep and slept 5-7 hours a night. He stated that medications helped. According to the provider, he has been taking his medications for years and it is medically necessary to continue taking them for his well being. Objective findings: none noted. Diagnostic impression: severe major depressive disorder, psychological factors affecting medical condition, insomnia type sleep disorder due to pain. Treatment to date: medication management, activity modification, physical therapy, and psychotherapy. A UR decision dated 12/3/14 modified the request for 1 psychotropic medication management per month for 6 months to 1 psychotropic medication management, modified the request for Prozac from 30 tablets to 23 tablets, modified the request for Klonopin from 90 tablets to 23 tablets, and denied the requests for Xanax and Ambien. Regarding medication management, since the patient has been prescribed benzodiazepine medications as well as antidepressants, a medication management session is appropriate for monitoring the patient. Additional sessions can be based on medical necessity at the time of future exam and if medications are continued. Regarding Prozac, the patient has been taking Prozac since November 2012 without any documented evidence of subjective or objective improvement of his depressive continuation. The 9/17/14 report indicated the patient's depression was variable and he continued to cry. This medication was previously modified to 23 tablets for weaning and holding at the previously certified dosage is recommended while other benzodiazepine medications complete the tapering regimen. Regarding Ambien, guidelines only recommend this medication for 2-6 weeks use and the patient has been taking this medication far exceeding this timeline without observable benefit. He continued to report broken nights sleep. Regarding

Klonopin, he has been taking this medication chronically, far exceeding guideline recommendations. The 9/17/14 report did not provide findings of improvement in depression for continuation to be warranted. Regarding Xanax, he has been taking this medication chronically, far exceeding guideline recommendations. The 9/17/14 report did not provide findings of improvement in depression for continuation to be warranted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Psychotropic medication management 1 session per month for 6 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness and Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Medication Management.

**Decision rationale:** CA MTUS does not address this issue. ODG states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: determine the aim of use of the medication; determine the potential benefits and adverse effects; determine the patient's preference. In the present case, it is noted that this patient's medication regimen consists of psychotropic medications. Medication management is appropriate in this case to monitor for adverse effects and functional improvement. However, there is no rationale as to why this patient requires 6 months of medication management at this time. The UR decision dated 12/3/14 modified this request to certify 1 session of medication management. Authorization for further visits is dependent on the patient's current condition and medication treatment plan recommended at each treatment. Therefore, the request for Psychotropic medication management 1 session per month for 6 months is not medically necessary.

#### **Prozac 40mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines benzodiazepines.

**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 - Prozac.

**Decision rationale:** CA MTUS does not address this issue. ODG states that Prozac is recommended as a first-line treatment option for major depressive disorder. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs),

because of demonstrated effectiveness and less severe side effects. SSRI's are also recommended as a first-line choice for the treatment of Post-traumatic stress disorder (PTSD). In the present case, it is noted that this patient has a diagnosis of major depressive disorder. In addition, according to the most recent progress report provided for review, he reported that he was very depressed. Therefore, the request for Prozac 40mg #30 is medically necessary.

**Xanax 0.5mg #90:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, in the present case, this patient has a 2001 date of injury, and it is unclear how long this patient has been taking Xanax. Guidelines do not support the long-term use of benzodiazepine medications. In addition, it is also noted that he is also taking Klonopin. Guidelines do not support the use of multiple benzodiazepines. Therefore, the request for Xanax 0.5mg #90 is not medically necessary.

**Ambien 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain (chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

**Decision rationale:** CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, in the present case, this patient has a 2001 date of injury, and it is unclear how long this patient has been taking Ambien. Guidelines do not support the long-term use of Ambien. In addition, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. Therefore, the request for Ambien 10mg #60 is not medically necessary.

**Klonopin 1mg #90:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, in the present case, this patient has a 2001 date of injury, and it is unclear how long this patient has been taking Klonopin. Guidelines do not support the long-term use of benzodiazepine medications. In addition, it is also noted that he is also taking Xanax. Guidelines do not support the use of multiple benzodiazepines. Therefore, the request for Klonopin 1mg #90 is not medically necessary.