

<b>Case Number:</b>	CM15-0107552		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	09/30/2005
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: California, Arizona,

Maryland Certification(s)/Specialty: Psychiatry

### 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 injured worker is a 52-year-old male, who sustained an industrial injury on 09/30/2005. The medical records reported the development of right shoulder pain, along with right hand and low back pain from 2002, but the documentation provided by the treating physician did not indicate the injured worker's mechanism of injury to the above noted date of injury. The injured worker was diagnosed as having depressive disorder not otherwise specified, pain disorder associated with psychological factors and general medical condition, histrionic traits, chronic pain, status post right shoulder surgery times two, level of moderate psychosocial stressors, and highest level of adaptive function during the past year. Treatment and diagnostic studies to date has included use of an arm sling, use of a back brace, use of a cane, use of a right knee brace, medication regimen, psychiatric evaluation and treatment, physical therapy, acupuncture, chiropractic therapy, injections to the shoulder, psychotherapy, and status post left shoulder arthroscopy. In a psychiatric evaluation dated 04/01/2015 the treating physician reports that the injured worker has complaints of seeing hallucinations to which the injured worker also hears voices from outside of his head. The injured worker also has complaints of loss of energy, loss of hope, and loss of enthusiasm, along with tearfulness, isolation from family, sleeplessness, and weight gain. Examination reveals that hallucination can be seen by the injured worker and at times can be heard. The treating physician also indicates that his mood is severely depressed with flat affect and he also has a history of attempt of suicide but currently denies any commitment to harm himself now. The injured worker's current medication regimen includes Prozac, Wellbutrin SR, Zyprexa, and Adderall XR, but notes that he has been on this medication regimen for

approximately one year with no improvement noted. The treating physician requested the medication of Cymbalta 30mg with a quantity of 30 with 2 refills to slowly reduce several of the injured worker's other medications. The treating physician requested prescriptions for Prozac 40mg with a quantity of 30 with 2 refills noting in a progress note on 05/13/2015 a reduction of Prozac from 60mg to 40mg, along with a request for the prescription for Olanzapine (Zyprexa) 5mg with a quantity of 30 with 2 refills, and Adderal XR 5mg with a quantity of 60 with 2 refills noting a reduction of the Adderal.

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

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

### **1 prescription for Adderal 5mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association (APA). Practice guideline for the treatment of patient with major depressive disorder. 3rd ed. Arlington (VA): American Psychiatric Association (APA); 2010 Oct.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov/ ADDERALL® (amphetamine, dextroamphetamine mixed salts).

**Decision rationale:** Per FDA, ADDERALL (amphetamine, dextroamphetamine mixed salts) is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy. The injured worker does have diagnosis of ADHD or narcolepsy. The use of adderall seems to be "off label" in this case and thus the request for 1 prescription for Adderal 5mg #60 with 2 refills is excessive and not medically necessary.

### **1 prescription for Olanzapine 5mg #30 with 2 refills: Upheld**

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

**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, Olanzapine.

**Decision rationale:** ODG states "Olanzapine 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." The request for a three-month supply i.e. 1 prescription for Olanzapine 5mg #30 with 2 refills is not medically necessary, as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG.

**1 prescription for Prozac 40mg #30 with 2 refills: 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 Antidepressants Page(s): 141. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** MTUS states "SSRIs (selective serotonin reuptake inhibitors)- Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on nor adrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain" ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors(SSRIs), because of demonstrated effectiveness and less severe side effects" The injured worker was recently initiated on a trial of Cymbalta 30 mg daily to help with depression and chronic pain. He is being weaned off the Prozac and the dose has been reduced from 60 mg to 40 mg. It is not indicated for the taper to be extended over another three-month period. Thus, the request for one prescription for Prozac 40mg #30 with 2 refills is not medically necessary.

**1 prescription for Cymbalta 30mg #30 with 2 refills: 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 & Stress, Duloxetine (Cymbalta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 141. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** MTUS states "SSRIs (selective serotonin reuptake inhibitors)-Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on nor adrenaline, are controversial based

On controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain" ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommend anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors(SSRIs), because of demonstrated effectiveness and less severe side effects" The injured worker was recently initiated on a trial of Cymbalta 30 mg daily to help with depression and chronic pain. He is being weaned off the Prozac. Thus, the request for one prescription for Cymbalta 30mg #30 with 2 refills is medically necessary for the continued treatment of depression and chronic pain.