

<b>Case Number:</b>	CM15-0109143		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Texas, New York, 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 44-year-old who has filed a claim for chronic posttraumatic headaches, posttraumatic stress disorder (PTSD), and major depressive disorder (MDD) reportedly associated with an industrial injury of March 20, 2013. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve requests for Fetzima, Xanax, and Abilify. The claims administrator referenced an April 27, 2015 RFA form and associated progress note of April 20, 2015 in the determination. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported issues with headaches, gastritis, and depression. The applicant denied any suicidal intent as of that point in time. The applicant was asked to continue further cognitive behavioral therapy. In a progress note dated April 20, 2015, the applicant reported ongoing issues with depression, mild. Intermittent panic attacks, poor energy levels, and allegations of feeling overwhelmed were reported. The applicant did deny suicidal or homicidal intent. The applicant was asked to employ Fetzima on a daily basis for depression. Brintellix was discontinued. Xanax was continued for anxiolytic effect. The daily dose of Abilify was increased on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fetzima 40mg #30 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Anti-depressants for treatment of MDD (major depressive disorder).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Yes, the request for Fetzima, an antidepressant medication, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Fetzima may be useful to help alleviate symptoms of depression, as were present here on or around the date in question, April 20, 2015. On that date, the attending provider posited that the applicant was depressed, reported poor energy levels, felt tired, and overwhelmed. The attending provider suggested that previously provided Brintellix had proven ineffectual. Introduction of Fetzima, an alternate antidepressant, was, thus, indicated on or around the date in question, April 20, 2015. Therefore, the request was medically necessary.

**Xanax 0.5mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Conversely, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the attending provider and/or applicant were seemingly intent on employing Xanax, a benzodiazepine anxiolytic, for chronic, long-term, and twice daily use purposes, for anxiolytic effect. The applicant was using Xanax twice daily as of an earlier note dated February 23, 2015. Xanax was renewed on April 20, 2015. Continued usage of Xanax, thus, ran counter to the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

**Abilify 5mg #30 with 1 refill:** 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, Aripiprazole (Abilify).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 402; 47. Decision based on Non-MTUS Citation Food and Drug Administration & Adjunctive treatment of major depressive disorder (MDD) (1.3).

**Decision rationale:** Finally, the request for Abilify, an atypical antipsychotic, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, continuing with an established course of antipsychotic is important. The MTUS Guideline in ACOEM Chapter 3, page 47 further stipulates that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, the attending provider stated that Abilify was being used as an adjunctive treatment for major depressive disorder (MDD), a FDA-endorsed role for Abilify. The applicant was using Abilify at a rate of 2 mg daily on February 23, 2015. The attending provider, however, stated that usage of Abilify at this dosage was inadequate and went on to increase the dosage of Abilify to 5 mg daily on April 20, 2015. Thus, the attending provider did factor into account the fact that a previously provided dosage of Abilify was ineffectual and went on to escalate the dosage of the same on April 20, 2015. Abilify was indicated in the major depressive disorder context present here, per the FDA. ACOEM Chapter 15, page 402 also recommends continuing with an established course of antipsychotic. Here, escalating the dosage of Abilify, an antipsychotic was indicated to ameliorate the applicant's heightened depressive symptoms on or around the date in question, April 20, 2015. Therefore, the request was medically necessary.