

<b>Case Number:</b>	CM15-0130214		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/04/2006
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Arizona, Michigan

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 injured worker is a 43 year old female, who sustained an industrial injury on 07/04/2006. According to a progress report dated 06/08/2015, the injured worker continued on her current medications which included Buspar, Brintellix, Enlyte, Saphris and Ativan. She was trying to taper her pain medications however she was now on Opana for pain. She continued to receive therapy which was helpful. She felt that she had made progress in her recovery, but still struggled with her life changes. She denied homicidal or suicidal ideation. Impression included major depression recurrent moderate, generalized anxiety disorder and pain disorder associated with both psychological factors and a general medical condition. The treatment plan included continuation of Buspar, Lorazepam, Saphris, Enlyte and Brintellix and continuation of psychotherapy. She continued to be temporarily totally disabled from a psychiatric point of view. She was to remain off work indefinitely. She was to return to the clinic in six weeks. Currently under review is the request for Buspar 15 mg #60 (30 day supply) with two refills, Lorazepam 1 mg #60 (30 day supply) with two refills, Saphris 5 mg #30 (30 day supply) with two refills, Enlyte 16 mg #30 (30 day supply) with two refills and Brintellix 10 mg #30 (30 day supply) with two refills. Documentation submitted for review, shows that the injured worker has been utilizing these medications since 03/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buspar 15mg #60 (30 day supply) with two refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/buspar.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 9. Decision based on Non-MTUS Citation [www.pdr.net](http://www.pdr.net) (buspirone hydrochloride).

**Decision rationale:** CA MTUS Guidelines and Official Disability Guidelines do not address Buspar (buspirone hydrochloride). Literature states that buspirone hydrochloride is an atypical anxiolytic indicated for the management of anxiety disorder or short-term relief of anxiety symptoms. In this case, the injured worker was documented as having generalized anxiety disorder. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with use of Buspar (buspirone hydrochloride). Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

**Lorazepam 1mg #60 (30 day supply) with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Benzodiazepines Page(s): 9, 24.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Ativan (Lorazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, muscle relaxant, anticonvulsant, and hypnotic properties. CA MTUS Guidelines state that benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, and anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the injured worker has been utilizing Lorazepam dating back to 03/10/2014. There are no guideline criteria that support the long-term use of benzodiazepines. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with use of Lorazepam. Medical necessity for the

requested medication has not been established. The requested medication is not medically necessary.

**Saphris 5mg #30 (30 day supply) with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter- Atypical antipsychotics and Other Medical Treatment Guidelines [www.pdr.net](http://www.pdr.net) (Saphris).

**Decision rationale:** CA MTUS Guidelines do not address Saphris. CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Literature states that Saphris (asenapine) is an atypical antipsychotic indicated for the treatment of schizophrenia and as monotherapy or adjunctive therapy to lithium or valproate for the acute treatment of manic or mixed episodes associated with bipolar I disorder. Official Disability Guidelines (ODG) does not recommend atypical antipsychotics as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. In this case, documentation does not indicate that the injured worker is being treated for schizophrenia or for the acute treatment of manic or mixed episodes associated with bipolar I disorder. There is not discussion of trial and failure with first line treatment. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**Enlyte 16mg #30 (30 day supply) with two refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/enlyte.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter- Folate (for depressive disorders) and Other Medical Treatment Guidelines [www.drugs.com](http://www.drugs.com) Enlyte.

**Decision rationale:** CA MTUS Guidelines do not address Enlyte. CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Literature states that Enlyte is a prescription folate-containing product for the clinical dietary management of depression related to suboptimal folate levels associated with metabolic imbalances in transformylation and/or methylation biochemistry. Official Disability Guidelines state folate is under study. The limited available evidence suggests folate may have a potential role as a supplement to other treatment for depression. In this case, there is not indication that the injured worker had suboptimal folate levels associated with metabolic imbalances. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with use of Enlyte. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**Brintellix 10mg #30 (30 day supply) with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 9. Decision based on Non-MTUS Citation [www.drugs.com Brentellix](http://www.drugs.com/Brentellix).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Literature states that Brintellix is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs). Vortioxetine affects chemicals in the brain that may become unbalanced. It is used to treat major depressive disorder in adults. In this case, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with use of Brintellix. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.