

<b>Case Number:</b>	CM15-0180682		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 [REDACTED] employee who has filed a claim for major depressive disorder (MDD), generalized anxiety disorder (GAD), and sleep disturbance reportedly associated with an industrial injury of April 11, 2011. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve requests for a "psychotropic medication review and approval" and Ativan. Wellbutrin and Abilify were approved. The claims administrator referenced a May 28, 2015 office visit and an associated June 1, 2015 RFA form in its determination. The claims administrator invoked non-MTUS ODG Guidelines on chronic pain to deny the request for what was characterized as a follow-up office visit for psychotropic medication management. The applicant's attorney subsequently appealed. On June 1, 2015, the applicant reported ongoing issues with major depressive disorder (MDD), tearfulness, anxiety, insomnia, and headaches. The applicant was placed off of work, on total temporary disability, while Wellbutrin, Ativan, Ambien, and Abilify were endorsed. It was suggested that the applicant was using Ativan on a thrice daily basis for anxiolytic effect and Ambien on a nightly basis for insomnia. On an RFA form dated June 1, 2015, a psychotropic medication management office visit was endorsed, along with Wellbutrin, Ativan, Abilify, and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Psychotropic Medication Review and Approval: 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), Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** Yes, the request for a 'psychotropic medication review and approval' was medically necessary, medically appropriate, and indicated here. The request in question was framed as a request by the applicant's psychologist to have the applicant follow-up with his psychiatrist to monitor psychotropic medication efficacy. The MTUS Guideline in ACOEM Chapter 5, page 398 notes that applicants with more serious [mental health] conditions may need referral to a psychiatrist for medicine therapy. Here, the applicant was using 4 different psychotropic medications and was off of work, on total temporary disability; it was reported on the May 28, 2015 office visit at issue. Obtaining a follow-up visit with the applicant's psychiatrist for psychotropic medication review and approval was, thus, indicated. Therefore, the request was medically necessary.

**Ativan 2 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** Conversely, the request for Ativan, 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 Ativan may be approved for brief periods, in cases of overwhelming symptoms, here, however, the request in question represented a request for continued usage of Ativan on a thrice daily basis, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.