

<b>Case Number:</b>	CM15-0184714		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/07/2008
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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:

This is a 52 year old female with a date of injury of October 7, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for mood disorder secondary to a general medical condition, major depressive disorder, severe, and personality disorder not otherwise specified with mixed features. Medical records dated May 11, 2015 indicate that the injured worker complains of depression, frequent crying spells, social withdrawal, lower back pain, headaches, and fatigue. Records also indicate complaints of sleep difficulties due to pain, poor appetite, and markedly slow activities of daily living. A progress note dated July 29, 2015 notes subjective complaints of feeling tense, anxious, frustrated, and depressed, and continues to have marked difficulty sleeping. Per the treating physician (May 11, 2015), the employee reports that the injured worker states that she is unable to work due to back pain. The physical exam dated May 11, 2015 reveals tense, agitated and depressed appearance, fair insight and judgment, Hamilton Depression Rating Scale score indicative of a possible depressive disorder (18 out of 61), Hamilton Anxiety Rating Scale score suggestive of a possible anxiety disorder (10 out of 56), and Beck Anxiety Inventory score indicative of mild anxiety (12 out of 63). The Epworth Sleepiness Scale was administered, but the treating physician documented that the injured worker "Did not respond adequately to this test". The Rey 15 item Memorization Test and Rey Dot counting test were administered, and the treating physician documented that the injured worker "Performed atypically on the tasks, suggesting that some exaggeration or feigning of symptoms was present". The progress note dated July 29, 2015 documented a physical examination that showed a Beck Depression Inventory score indicative of severe depression

(score of 30, and a Beck Anxiety Inventory score indicative of moderate anxiety (score of 23). Treatment has included psychotherapy and medications (Prozac, Abilify, Wellbutrin XL, and Omeprazole since at least June of 2015; Flexeril and Norco since at least May of 2015). The original utilization review (August 20, 2015) non-certified a request for Wellbutrin XL 150mg #30 with a three month supply, Prozac 20mg #30 with a three month supply, Abilify 5mg #30 with a three month supply, and Trazodone 50 #30 with a three month supply.

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

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

#### **Wellbutrin XL 150mg #30 with three month supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**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 Illness/ Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** 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 has been diagnosed with mood disorder secondary to a general medical condition, major depressive disorder, severe, and personality disorder not otherwise specified with mixed features. The most recent progress note dated July 29, 2015 documented Beck Depression Inventory score indicative of severe depression (score of 30, and a Beck Anxiety Inventory score indicative of moderate anxiety (score of 23). There is no indication of objective functional improvement or medical stability with the current medications and thus the request for Wellbutrin XL 150mg #30 with three month supply is not medically necessary.

#### **Prozac 20mg #30, three month supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. 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 noradrenaline, 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 has been diagnosed with mood disorder secondary to a general medical condition, major depressive disorder, severe, and personality disorder not otherwise specified with mixed features. The most recent progress note dated July 29, 2015 documented Beck Depression Inventory score indicative of severe depression (score of 30, and a Beck Anxiety Inventory score indicative of moderate anxiety (score of 23). There is no indication of objective functional improvement or medical stability with the current medications and the request for Prozac 20mg #30, three month supply is not medically necessary.

**Abilify 5mg #30, three month supply:** Upheld

**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 and Stress Chapter (updated 3/25/2015), <https://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=b40fd2b-9ff1-45bf-a40f-e9812f1df228>.

**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 & Stress/ Aripiprazole (Abilify).

**Decision rationale:** Per ODG, "Aripiprazole (Abilify): Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics as monotherapy for conditions covered in ODG. According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. (Khanna, 2014) Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. (FDA, 2014)"The request for Abilify 5mg #30, three month supply is not medically necessary as there is insufficient evidence to recommend atypical antipsychotics as monotherapy for conditions covered in ODG and also since the injured worker continues to have symptoms suggestive of severe depression and moderate anxiety based on the results of objective tests. In the absence of objective improvement or medical stability with the use of Abilify, the request for continued treatment with the same is not medically necessary.

**Trazodone 50mg #30, three month supply:** Upheld

**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 and Stress Chapter (updated 3/25/2015).

**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 & Stress/ Trazodone (Desyrel).

**Decision rationale:** Per ODG, "Trazodone: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia." The injured worker has been diagnosed with mood disorder secondary to a general medical condition, major depressive disorder, severe, and personality disorder not otherwise specified with mixed features. The most recent progress note dated July 29, 2015 documented Beck Depression Inventory score indicative of severe depression (score of 30, and a Beck Anxiety Inventory score indicative of moderate anxiety (score of 23). There is no indication of objective functional improvement or medical stability with the current medications and the request for Trazodone 50mg #30, three month supply is not medically necessary.