

<b>Case Number:</b>	CM15-0186968		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/31/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 55 year old female, who sustained an industrial injury on 12-31-2010. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder with anxiety. On 7-28-2015, the injured worker reported his mood mildly better but felt more stressed as the day progressed, feeling depressed most of the time with psychiatrically based impairments in sleep, energy, concentration, memory, emotional control, and stress-tolerance. The Secondary Treating Physician's report dated 7-28-2015, noted the injured worker frustrated by the process of getting another surgery with anxiety ranging from 3-9 out of 10 in severity. The mental status examination was noted to show the injured worker alert and oriented with no psychomotor abnormalities, and an "OK" mood, improved since the 5-26-2015 examination. The injured worker's medications were listed as Citalopram, Trazadone, Clonazepam, Metformin, and Vicodin. The treatment plan was noted to include the injured worker with mild improvement with continued Citalopram, prescribed and with increased dosage since at least 5-26-2015, increased Trazadone, prescribed since at least 6-27-2015, and continued Klonopin, prescribed since 6-30-2015, with follow up with a board certified psychiatrist. The request for authorization dated 7-28-2015, requested Trazodone 100mg #90, Clonazepam 0.5mg #90, Citalopram 40mg #60, and medication monitoring, one with board certified psychiatrist. The Utilization Review (UR) dated 8-31-2015, certified the request for Trazodone 100mg #90, and non-certified the requests for Clonazepam 0.5mg #90, Citalopram 40mg #60, and medication monitoring, one with board certified psychiatrist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Medication monitoring, one with board certified psychiatrist: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Mental Illness & Stress, Office Visits.

**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/ Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The injured worker has been diagnosed with major depressive disorder with anxiety and has been prescribed Citalopram, Trazadone and Clonazepam for the same, The request for Medication monitoring, one with board certified psychiatrist is medically necessary for the continued treatment of the psychiatric symptoms and for medication management. It is to be noted that Benzodiazepines such as Clonazepam are not indicated for long term use.

### **Citalopram 40mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Mental Illness and Stress Chapter, Antidepressants.

**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 major depressive disorder with anxiety and has been prescribed Citalopram, Trazadone and Clonazepam for the same, Per the most recent psychiatric progress report dated 7-28-2015, she reported being frustrated by the process of getting another surgery with anxiety ranging from 3-9 out of 10 in severity. The mental status examination noted that her mood had

improved since the 5-26-2015 examination. The request for Citalopram 40mg #60 is medically necessary for continued treatment of depression in light of medical stability with the ongoing use of this medication.

**Clonazepam 0.5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

**Decision rationale:** MTUS states "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, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Clonazepam 0.5 mg half to one tab twice daily as needed on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Clonazepam 0.5mg #90 is not medically necessary.