MAXIMUS Federal Services

| Case Number: | CM15-0191546 | | |
|---|---|---|---|
| Date Assigned: | 10/05/2015 | Date of Injury: | 10/26/2000 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

## 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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 57 year old female who sustained an industrial injury on 10/26/2000. Her diagnosis is mood disorder NOS. Medical records between 11/14/2014-09/11/2015 indicate ongoing depression symptoms including feeling unappreciated at work and at home, with stress contributing to this by misunderstanding other's attitude towards her. No pain was reported, and activity levels and level of functioning were not discussed. She has returned to work. On 09/11/2015 she was objectively sad, with depressed mood, and tearfulness. Medications included Wellbutrin and Klonopin, both since at least 11/2014. UR of 09/17/2015 noncertified the request for Wellbutrin SR 200mg #30, and Klonopin 1mg #105. In a peer to peer discussion with [redacted] on 09/17/2015, he indicated that the patient endorsed insomnia and mild depression, and becomes upset thinking about reducing the Klonopin dose.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin SR 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data

Institute (20th Annual Edition), 2015, Mental Illness and Stress Chapter, Bupropion, Antidepressants.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Wellbutrin for depressive disorders. Official Disability Guidelines, Mental Illness & Stress Bupropion (Wellbutrin).

**Decision rationale:** Wellbutrin is recommended as a first-line treatment option for major depressive disorder. The patient's diagnosis is mood disorder NOS. There is no documentation provided as to severity of symptoms, there are no rating scales (eg Beck Inventories), and no documented efficacy to show rationale for this agent. This request is not medically necessary.

**Klonopin 1mg #105:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute (20th Annual Edition), 2015, Pain Chapter, Clonazepam.

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

**Decision rationale:** Benzodiazepines are not recommended for long-term use because of the risk of dependence and abuse. MTUS and ODG 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Use of Klonopin has clearly exceeded guidelines, and no documentation has been provided showing efficacy of this agent to justify its continued use. This request is not medically necessary.