

<b>Case Number:</b>	CM15-0201866		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/28/2008
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: 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:

This is a 58 year old male with a date of injury of 08/28/2008. He is undergoing treatment for chronic pain and anxiety. Progress notes of 07/22/2015 show that his depression became worse on "05/27" and that he was admitted involuntarily to the VA. He was discharged on "05/30" on Xanax, Effexor, Flexeril, and a narcotic pain medication for his back. His complaints included anxiety, feeling of impending doom and depression triggered by occupational stress with near constant frequency. He is in weekly therapy. Objectively he appeared mildly depressed. His diagnoses are situational stress reaction, depression with anxiety, and generalized anxiety. He was stable on the current medication regimen. RFA was for Bupropion 100 mg 1 tab 2 times per day 1 in the morning and 1 at 4:00 pm quantity 60, Ziprasidone 80 mg 1 cap twice per day quantity 60 and Mirtazaprine 15 mg 1 tab QHS quantity 30. On 09/25/15, there is a request for information regarding subjective and objective findings for use of these medications and their efficacy. It is unclear from the notes above when bupropion, ziprasidone, and mirtazapine were started. In 2013 the patient was on Zoloft and Abilify, and at some point he was on Effexor. There was nothing in records provided to show at what point these medications were discontinued and changed. UR of 10/02/2015 modified the request for weaning to certify Mirtazaprine 15 mg quantity 15, Bupropion 100 mg quantity 30 and Ziprasidone 80 mg quantity 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirtazapine 15mg tab po #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

**Decision rationale:** The patient does not carry the diagnosis of MDD, but he does have the diagnosis of generalized anxiety disorder. Mirtazapine is an antidepressant in the same class as venlafaxine and bupropion. It is used not only as an antidepressant but to treat insomnia in patients with concomitant depression. It is unclear for what purpose the mirtazapine was being used for in this patient. There is no documentation of efficacy in the form of scales (e.g. Beck Depression or Beck Anxiety Inventories), effect on sleep, appetite, or other symptom improvement. There is no mention of side effects. This request is therefore not medically necessary.

**Ziprasidone 80mg cap 1 cap po bid #60: 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), Treatment Index, 11th Edition (Web), 2015 Mental Illness & Stress/ Atypical antipsychotic (updated 08/31/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Atypical antipsychotics.

**Decision rationale:** Ziprasidone (Geodon) is an atypical antipsychotic FDA approved for treatment of schizophrenia and acute mania and mixed states associated with bipolar disorder. The patient does not carry either of these diagnoses. Per ODG, atypical antipsychotics are not recommended as a first-line treatment and adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. Atypical antipsychotics are often used off label for insomnia, to treat behavioral problems, as well as in dementia. There is no evidence that the patient suffers from behavioral problems or dementia. There is no documentation showing if ziprasidone was used to augment his antidepressant or as an insomnia agent. There is no documentation to show efficacy (e.g. improvement in depressive/anxiety/sleep symptoms), side effect monitoring, or rationale for use. This request is not medically necessary.

**Bupropion HCI 100mg tab po 2 times per day 1 in am & 4 pm #60: Upheld**

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

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

**Decision rationale:** Per ODG antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic. They are also recommended as first line agents in treatment of anxiety disorders. The patient does not carry the diagnosis of MDD, but he does have the diagnosis of generalized anxiety disorder. There is no documentation of efficacy in the form of scales (e.g. Beck Depression or Beck Anxiety Inventories), effect on sleep, appetite, or other symptom improvement. There is no mention if bupropion is targeting neuropathic pain in any manner. There is no mention of side effects. UR of 10/02/15 already modified bupropion for weaning purposes. This request is therefore not medically necessary.