

<b>Case Number:</b>	CM15-0204271		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/02/2005
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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] beneficiary who has filed a claim for major depressive disorder (MDD), generalized anxiety disorder (GAD), chronic low back pain, shoulder pain, and psychosis reportedly associated with an industrial injury of February 2, 2005. In a Utilization Review report dated September 26, 2015, the claims administrator failed to approve requests for Zyprexa, trazodone, and Wellbutrin while approving a request for six sessions of cognitive behavioral therapy. An August 21, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 11, 2015, the applicant reported ongoing issues of major depressive disorder, chronic pain syndrome, and somatic symptom disorder. The applicant reportedly had psychotic features at times, it was stated in one section of the note. The attending provider contended that combination of Zyprexa and trazodone was ameliorating the applicant's ability to sleep. The applicant was slightly less depressed and exhibited slightly better energy level, the treating provider contended. The applicant denied experiencing any issues with hallucinations, stated at this point. Zyprexa at reduced dose was endorsed for psychosis and to potentiate the effect of Wellbutrin for anti-depressant effect. Trazodone was sought for both insomnia and depression purposes. Wellbutrin was likewise renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Zyprexa 20mg #30 with 2 refills: 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), Mental Illness & Stress, Atypical Antipsychotics.

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

**Decision rationale:** Yes, the request for Zyprexa, an atypical antipsychotic, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, continuing with an established course with anti-psychotics it is important. Here, the attending provider reported on September 11, 2015 that ongoing usage of Zyprexa had proven beneficial in attenuating issues with psychoses. The applicant reported not hearing any hallucinations on that date. Continuing with same, on balance, was indicated. Therefore, the request was medically necessary.

**1 prescription of Trazodone 50mg #60 with 2 refills: 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), Mental Illness & Stress, Insomnia Treatment.

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

**Decision rationale:** Similarly, the request for trazodone, an atypical anti-depressant, was likewise medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, anti-depressant such as trazodone be helpful in alleviating symptoms of depression, as were/are present here. The attending provider reported on September 11, 2015 that the applicant's energy levels had improved following introduction of trazodone. The applicant's sleep had reportedly improved following introduction of trazodone. The applicant was slightly less depressed, it was reported on that date. Continuing trazodone, at a minimum, thus, was indicated, given the reported augmentations in mood and sleep achieved as a result of the same. Therefore, the request was medically necessary.

**1 prescription of Wellbutrin XL 150mg #60 with 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Bupropion (Wellbutrin).

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

**Decision rationale:** Finally, the request for Wellbutrin, another atypical anti-depressant, was likewise medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, anti-depressants such as Wellbutrin may be helpful in alleviating symptoms of depression, as were reportedly present here on September 11, 2015. The attending provider stated on September 11, 2015 ongoing usage of Wellbutrin, coupled that with trazodone, had beneficial in improving in applicant's activity levels, mood, and sleep. Continuing the same, on balance, was indicated, given the augmentations of mood, sleep, and function reportedly effected as a result of ongoing Wellbutrin usage. Therefore, the request was medically necessary.