

<b>Case Number:</b>	CM15-0035285		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	01/21/1983
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 68 year old female, who sustained an industrial injury on 01/21/1983. The diagnoses have included major depressive disorder single episode moderate, insomnia, cognitive disorder and psychological factors affecting medical conditions. Treatment to date has included psychotropic medications, psychotherapy and psychological evaluations. PR2 of 11/12/2014 notes that the she was depressed, withdrawn and was sleeping 4 hours per night. The provider stated that the benefits of monthly med management allows the provider and patient to address changes and monitor efficacy. She is permanent and stationary. She had been taking psychotropic medications for a year, which helped her to better perform activities of daily living. On February 17, 2015, UR non-certified a request for Welbutrin XL 150 mg # 90, Lunesta 3 mg # 30, Atarax 25 mg # 30 and modified a request for a monthly psychotropic medication management to one session. In a supplemental report of 03/16/15 the provider indicated that in 12/2014 the patient was depressed and crying, sleep was overall better (even though she had apparently not received her Lunesta since November). Atarax had been added in November 2014, increased to 50mg in March 2015. In 01/2015 she was depressed, crying, and sleeping 3 hours per night. In 03/2015, she was sleeping 4 hours per night. She was anxious and depressed, with decreased anxiety attacks. She was reluctant to leave the house and fearful of strange places. She had difficulty with concentration and was often tearful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wellbutrin XL 150mg #90: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines Mental Illness & Stress Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** The patient has been treated for major depressive disorder with medication management. Wellbutrin (bupropion) is recommended as one of the first line agents for treatment of this disorder. Even though she continues to show ongoing symptoms, she is described as being better able to perform activities of daily living. While consideration and ongoing evaluation of her medication regimen related to her symptoms would be prudent, removing her from a current medication on which she is deriving some benefit and leaving her "uncovered" would be medically contraindicated at this time. This request is therefore certified.

**Lunesta 3mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Crugs ther. 2005.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Lunesta. Official Disabilities Guidelines .Mental Illness & Stress Insomnia Treatment.

**Decision rationale:** In the supplemental report of 03/16/15, the notation is made that the patient did not get her Lunesta in 11/2014. In a visit in 12/2014, she described her sleep as overall better. It is not evident from records provided for review that this agent was effective for this IW's sleep difficulties. There was no documentation evident that other methods of improving sleep were discussed or attempted that are nonpharmacologic in nature, e.g. sleep hygiene, behavioral, etc. Even though, per ODG, Lunesta is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days, that in and of itself is not a reason for prescribing. This request is therefore noncertified.

**Atarax 25mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines TWC Pain procedure summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Atarax. Official

Disabilities Guidelines Pain chapter Anti-anxiety medications in chronic pain Anti-anxiety medications in chronic pain GENERALIZED ANXIETY DISORDER (GAD).

**Decision rationale:** Atarax is a nonbenzodiazepine which may be used to relieve anxiety in generalized anxiety disorder, with outcome measured with scales such as the Hamilton Anxiety. It has sedating qualities which might also help in her sleep. This medication was added in 11/2014 for chronic symptoms of anxiety. She was described as moderately anxious based on Ham-A in 03/2015 (no score provided). This request is therefore certified.

**Monthly Psychotropic medication management & approval one session per month for 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines TWC Mental Illness & Stress Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding monthly psychotropic medication management. Official Disabilities Guidelines Mental Illness & Stress Office Visits.

**Decision rationale:** While the patient's medication regimen should and must be monitored to maintain a high standard of care and insure that she is on the best possible combination to alleviate her symptoms, it is not possible to predetermine the number of visits or timing of these visits. Medication management visits are based on the individualized needs of the patient. The request for medication management sessions is reasonable, the request for one session per month for six months is excessive. This request is therefore noncertified.