

<b>Case Number:</b>	CM15-0084168		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/21/1983
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 68-year-old who has filed a claim for major depressive disorder and generalized anxiety disorder reportedly associated with an industrial injury of January 21, 1983. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve requests for Wellbutrin, Lunesta, Atarax, and monthly psychotropic medication management visits x6. The claims administrator referenced a RFA form received on April 22, 2015 in its determination, along with progress notes of January 14, 2015 and November 12, 2014. The applicant's attorney subsequently appealed. In a RFA form dated March 16, 2015, monthly psychotropic medication management visits were proposed. In an appeal letter dated March 16, 2015, the applicant's treating provider, a psychologist, appealed the previously denied medications in a highly templated fashion. The applicant's work status and response to the medications in questions were not discussed, detailed, or characterized. In a January 2, 2015 psychology note, the applicant was asked to remain off of work. The treating provider stated that the applicant was depressed and reported issues with erratic sleep. The treating provider endorsed prescriptions for Wellbutrin, Lunesta, and Atarax which had apparently been furnished by the applicant's psychiatrist without an associate progress note. The treating provider stated that the applicant's medications were helpful but did not elaborate or expound further. It was stated that Atarax was intended for anxiolytic effect, Lunesta for sleep, and Wellbutrin for depression. On February 2, 2015, it was again stated that the applicant was depressed and tearful. The applicant was only averaging three hours of sleep a night. Wellbutrin, Lunesta, and Atarax were endorsed. The applicant was asked to remain off of work until released by her prescribing

psychiatrist. The treating provider nevertheless stated that the applicant's medications were helpful but did not elaborate further.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Wellbutrin XL 150mg #90: 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), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions page(s): 402.

**Decision rationale:** No, the request for Wellbutrin, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Wellbutrin often take weeks to exert their maximal effect, here, however, the applicant had been using Wellbutrin for a minimum of several months through the date of the request. It did not appear, however, that the applicant had derived significant benefit from the same. The applicant remained off of work, it was acknowledged. The applicant remained visibly depressed and tearful, it was acknowledged on multiple occasions, including on February 2, 2015. Ongoing usage of Wellbutrin had failed to ameliorate the applicant's issues with sleep with associated sleep disturbance, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Wellbutrin. Therefore, the request was not medically necessary.

#### **Lunesta 3mg #30: 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), Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Eszopicolone (Lunesta).

**Decision rationale:** Similarly, the request for Lunesta, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of Lunesta, a sleep aid. However, ODG's Mental Illness and Stress Chapter Eszopicolone topic notes that eszopiclone or Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, however, the request represented a renewal or extension request for Lunesta. The applicant had been using the same for a minimum of several months. Continued usage of Lunesta, thus, ran counter to ODG principles and parameters. Therefore, the request was not medically necessary.

**Atarax 25mg #30:** 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), Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions page(s): 402.

**Decision rationale:** Similarly, the request for Atarax, an anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic medications such as Atarax may be helpful for brief periods in cases of overwhelming symptoms, here, the applicant had been using Atarax for a minimum of several months. Such usage, however, ran counter to the short-term role for which anxiolytics are espoused, per page 402 of the ACOEM Practice Guidelines. Therefore, the request was not medically necessary.

**Monthly psychotropic medication management and approval x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions page(s): 402.

**Decision rationale:** Finally, the request for monthly psychotropic medication management visit x6 was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of follow-up visits should be dictated by the severity of an applicant's symptoms. If, for instance, the applicant were to decompensate from a mental health standpoint, the applicant would likely require office visits at a much more frequent rate than once a month. Conversely, if the applicant's mental health issues were to stabilize, the applicant would likely require office visits at a frequency of much less than once per month. The request for six consecutive office visits on a monthly basis, thus, ran counter to ACOEM principles and parameters as it made no attempt to base the frequency of followup visits on the severity of the applicant's symptoms. Therefore, the request was not medically necessary.