

<b>Case Number:</b>	CM14-0124608		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	10/04/1995
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Child & Adolescent Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52 year old female who was injured at work on 10/4/1995. She suffered a neck injury during her job. She had a cervical spine fusion in 1996. Afterwards, she reported sexual harassment by her boss at work, which caused her to experience worsening stress and depressed mood. She was diagnosed with Major Depression and Anxiety, and was prescribed the medications Cymbalta and Xanax. In 9/19/13, she was psychiatrically hospitalized after she overdosed on 50 Xanax tablets in a suicide attempt after a quarrel with her daughter. She received regular sessions of cognitive behavioral therapy (CBT). In the 7/3/14 report by the treating psychiatrist, the injured worker presented feeling "better than ever", with manic affect, rapid speech, and hyperactivity. Her psychiatric diagnosis was changed from Major Depression to Bipolar Disorder. The treating physician discontinued the Cymbalta, and prescribed Depakote, Brintellix and Xanax. The Depakote request was approved, the Brintellix was denied, and the Xanax request was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Brintellix 10 mg (quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. 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:** MTUS guidelines indicate that antidepressant medications may be helpful to alleviate symptoms of depression. The injured worker was initially diagnosed with Major Depression and prescribed the antidepressant medication Cymbalta. However, as of the most recent clinical evaluation, she demonstrated manic symptoms, and the diagnosis was changed to Bipolar Disorder. The medical literature does not recommend treating patient diagnosed with Bipolar Disorder with antidepressant medications, because antidepressant medications can make manic symptoms worse, even inducing psychosis. Brintellix is a newer antidepressant medication, and as the injured worker's diagnosis has been revised from Major Depression to Bipolar Disorder, the use of Brintellix would not be appropriate for her, and would not be medically necessary on this basis.

**Xanax 1 mg (quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), , Pain (Chronic), Weaning of Medications: Benzodiazepines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**Decision rationale:** MTUS guidelines indicate that Benzodiazepine medications are not recommended for long-term use because there is a question about long-term efficacy, as well as the risk of developing tolerance, dependence and adverse side effects. The injured worker is diagnosed with Bipolar Disorder. She is not diagnosed with an anxiety disorder. Xanax (alprazolam) is a medication in the benzodiazepine class which is used to treat the symptoms of anxiety. The 7/3/14 progress report indicates that the injured worker is being prescribed Xanax in order to treat anxiety symptoms which have been present for several years. This indicates that it is being used in a long-term manner, which is not recommended. Additionally, the request does not specify the frequency or duration of the Xanax. For these reasons, the request is not medically necessary.