

<b>Case Number:</b>	CM14-0160734		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Psychiatry and is licensed to practice in Texas. 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 73 year old male with a date of injury on December 11, 2008. He also has a history of major depression and was last seen by a psychiatrist on June 2, 2014. His current medications for depression include Cymbalta, Ativan and Restoril. It was recommended that he have medication management visits monthly. He is also receiving psychotherapy. He has persistent depressive symptoms and it is not clear why the dose of Cymbalta has not been increased beyond its current 60 mg daily dose. Per the provided records, the injured worker has been seen over years every three months for medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly Psychotropic Medications Management and Approval One Session per Month for Six Months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 388, 391-392, 398, and 405, Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15-17.

**Decision rationale:** Regarding monthly medication management for six months, the California Medical Treatment Utilization Schedule guidelines and the American College of Occupational

and Environmental Medicine note that frequency of follow-up visits may be determined by the severity of symptoms, whether the injured worker was referred for further testing and/or psychotherapy, and whether the injured worker is missing work. The Official Disability Guidelines note that office visits are recommended as determined to be medically necessary. Given the claimant's current medication regimen, continuation of medication management is appropriate at this time but the previously established interval of every three months does not appear to require the increase in frequency requested. Per the Medical Treatment Utilization Schedule guidelines, injured workers with serious psychiatric disorders, which would include major depression, should undergo an initial assessment by a psychiatrist to ensure optimal treatment. The Medical Treatment Utilization Schedule does not establish a set number of psychiatric visits for medication management nor a recommended frequency beyond the judgment of the clinician. However, monthly medication management intervals for six months would not be necessary to adjust medications already on board, as mentioned elsewhere in this report. Based upon practice standards and the recognition for psychiatric intervention in persistent mental health cases, psychiatric evaluation and monthly follow up visits for 6 months is not considered medically necessary.

**Cymbalta 60mg #45: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Health Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15-16.

**Decision rationale:** In injured workers with major depressive disorder, serotonin norepinephrine reuptake inhibitors such as Cymbalta can be effective medications. In this case, the injured worker has a chronic disorder for which this drug has been established as his medication for chronic management. As such, the use of Cymbalta for the next 45 days at a dose of 60 mg is medically necessary. It should be noted that the Food and Drug Administration has approved doses up to 120 mg/day of Cymbalta for depression. Given the chronicity of this injured worker's depression in spite of psychotherapy and this medication, an increase in the dose should be considered and is medically necessary.

**Ativan 0.5mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Given the tolerance and dependency issues associated with benzodiazepines, alternative approaches to anxiety are desirable when possible. Pharmacological approaches include the use

of some antihistamine derivatives or buspirone. In some cases, alternative antidepressant choices can result in a reduction of anxiety. Additionally, cognitive behavioral therapy has been shown to be effective in the treatment of most anxiety disorders when provided by a therapist trained in this modality. Therefore, Ativan is not considered medically necessary.

**Restoril 30mg #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Given the tolerance and dependency issues associated with benzodiazepines, alternative approaches to anxiety are desirable when possible. Pharmacological approaches include the use of some antihistamine derivatives or buspirone. In some cases, alternative antidepressant choices can result in a reduction of anxiety. Additionally, cognitive behavioral therapy has been shown to be effective in the treatment of most anxiety disorders when provided by a therapist trained in this modality. Alternatives to benzodiazepine and non-benzodiazepine hypnotics as well as other prescription hypnotics exist. These include sedating antidepressants as well as hydroxyzine in select injured workers. Over the counter hypnotics including Valerian Root, doxylamine succinate and Melatonin can also be effective. Non-pharmacological approaches to improved sleep hygiene are also useful in many injured workers with treatment resistant insomnia. Acknowledging the likely dependence on hypnotics when used nightly, rebound insomnia is a common problem that can require a slow taper combined with one or more of the above approaches. Therefore, the Restoril is not considered medically necessary.