

<b>Case Number:</b>	CM15-0119268		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 47-year-old who has filed a claim for major depressive disorder (MDD) and generalized anxiety disorder (GAD) reportedly associated with an industrial injury of November 30, 2009. In a Utilization Review report dated March 27, 2015, the claims administrator failed to approve requests for Abilify, Zoloft, and Belsomra. The claims administrator referenced an office visit dated May 12, 2015 in its determination. The applicant's attorney subsequently appealed. In a May 6, 2015 pain management note, the applicant reported ongoing issues with anger, stress, and depression. The applicant stated that he did not work owing to his mental health issues. The applicant was using Norco for pain relief. The applicant's medications included Norco, Lidoderm, Lopid, aspirin, insulin, and Beconase, it was reported. The applicant was diabetic and hypertensive, it was acknowledged. The applicant's psychotropic medications were not reported, the treating provider acknowledged. Norco is renewed while the applicant was kept off of work, on total temporary disability. On January 20, 2015, the applicant was asked to employ Zoloft, Ambien, Klonopin, and Abilify from a mental health standpoint. The Abilify was being employed for mood and depressive symptoms. The applicant was given primary diagnosis of major depressive disorder with secondary diagnosis of anxiety disorder. The applicant had undergone earlier failed hand surgery. The applicant was quite depressed. The applicant was no longer able to participate in hobbies such as yard work, working on his cart, or cooking. The applicant reported heightened symptoms of anxiety, feelings of tearfulness, sexual dysfunction, lower energy level, difficulty concentrating, and feelings of worthlessness. The applicant reported anxiety attacks, episodes of shortness of breath, and palpitations. The

claims administrator's medical evidence file was surveyed; did not appear that the May 12, 2015 progress note made available to claims administrator had been incorporated into the IMR packet. The claims administrator's medical evidence log suggested that the sole psychiatric note on file was the January 20, 2015 office visit referenced above.

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

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

**Abilify 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration - INDICATIONS AND USAGE, ABILIFY.

**Decision rationale:** No, request for Abilify, an atypical antipsychotic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing within an established course of psychotic is important, this recommendation is, however, qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medications for the particular condition for which it is being prescribed into his choice of recommendations as to ensure proper usage and so as to manage expectations. Here, the applicant's psychiatrist did indicate on January 20, 2015 that the Abilify was being employed as an adjunctive agent for major depressive disorder. While the Food and Drug Administration (FDA) does acknowledge that Abilify, an antipsychotic, is indicated in the treatment of major depressive disorder, here, however, the May 12, 2015 progress note on which Abilify was renewed was not incorporated into the IMR packet. The applicant's response to introduction of Abilify was not clearly described or characterized. The presence or absence of functional improvement as defined in MTUS 9792.20e with ongoing Abilify usage was not established via the historical documents on file. Therefore, the request was not medically necessary.

**Zoloft 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Similarly, the request for Zoloft, an SSRI antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that it often takes "weeks" for antidepressants such as Zoloft to exert their maximal effect, here, the applicant had been on Zoloft for what

appeared to have been a minimum of several months. The applicant was using Zoloft as of an earlier note dated January 20, 2015. On that date, the applicant reported issues with worsening depression, heightened anxiety attacks, tearful episodes, depression-induced insomnia, feelings of hopefulness, etc., despite ongoing usage of Zoloft. The applicant was off of work, it was reported both on that date and on the later pain management note of May 6, 2015. It did not appear, in short, that ongoing usage of Zoloft had proven beneficial in terms of augmenting the applicant's mood or in terms of the functional improvement parameter established in MTUS 9792.20e. Therefore, the request was not medically necessary.

**Belsomra 10mg #25:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration - INDICATIONS AND USAGE, BELSOMRA.

**Decision rationale:** Finally, the request for Belsomra, a sedative agent, was likewise not medically necessary, medically appropriate, or indicated here. While the page Food and Drug Administration (FDA) does acknowledge that Belsomra is indicated in the treatment of insomnia characterized by difficulties with sleep onset and/or sleep maintenance, this recommendation is qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. This was recommendations, here; however, the May 12, 2015 progress note on which Belsomra was renewed was not seemingly incorporated into the IMR packet. A historical note dated January 20, 2015 suggested that the applicant was using a variety of other sedative and/or anxiolytic medications, including Klonopin and Ambien. It was not clearly stated or established why Belsomra, a third sleep aid, was added to the mix. It was not clearly stated whether Belsomra was or was not proving effective in terms of attenuating the applicant's symptoms of insomnia. Again, the May 12, 2015 progress note on which Belsomra was renewed was not seemingly incorporated into the IMR packet. The historical information on file, however, failed to support or substantiates the request. Therefore, the request was not medically necessary.