

<b>Case Number:</b>	CM15-0128387		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	04/27/1993
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 [REDACTED] who has filed a claim for major depressive disorder (MDD), generalized anxiety disorder (GAD), sleep disturbance, and chronic pain syndrome reportedly associated with an industrial injury of April 27, 1993. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve requests for Restoril, BuSpar, Prozac, and Klonopin. The claims administrator based its denial, in large part, on non-MTUS ODG formulary related issues as opposed to medical necessity issues. The applicant's attorney subsequently appealed. In an appeal letter dated June 4, 2015, the treating provider appealed previously denied Prozac, Ambien, and Xanax. The treating provider contended that the utilization review denial was improper, noting that the utilization reviewer was a neurologist (as opposed to a psychiatrist). The attending provider also stated that the utilization review denials were improper as they were based, in large part, on ODG's drug formulary (which California has not adopted). In a June 17, 2015 progress note, the applicant was given diagnoses of major depressive disorder (MDD) and generalized anxiety disorder (GAD). The applicant was using Prozac and Xanax. The applicant contended that Ambien was ameliorating her sleep, Xanax was reducing her anxiety, and that Prozac was diminishing her depressive symptoms. The treating provider stated that the applicant's ability to concentrate, follow the plot line of movie, watch television, perform activities of daily living to include applying makeup, dressing herself, performing household chores, etc., had all been ameliorated as a result of ongoing medication consumption. The treating provider contended that the applicant remained depressed but that her psychotropic medications, including Prozac, had augmented her energy and mood

levels. The applicant was nevertheless described as staying at home much of the time. It did not appear that the applicant was working. The applicant still had tearful episodes and feelings of worthlessness, it was reported. The applicant was asked to follow up in three months for medication management purposes.

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

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

#### **Temazepam 15mg #60 x 2 refills: 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 Procedure Summary Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for temazepam (Restoril), an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as temazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 60-tablet, two-refill supply of temazepam at issue represents chronic, long-term, and twice daily usage of the same. This is not, however, an ACOEM-endorsed role for temazepam (Restoril). Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the treating provider failed to set forth a clear or compelling rationale for concurrent usage of so many different anxiolytic medications, including Klonopin, BuSpar, and temazepam (Restoril). Therefore, the request was not medically necessary.

#### **BuSpar 10mg #60 x 2 refills: 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 Procedure Summary Online Version.

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

**Decision rationale:** Similarly, the request for BuSpar, another 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 anxiolytics such as BuSpar may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, the 60-tablet, two-refill supply of BuSpar at issue represents chronic, long-term, and/or twice daily usage of the same, i.e., usage incompatible with the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402.

The attending provider failed to furnish a clear or compelling rationale for concomitant usage of so many different anxiolytic and sedative medications to include BuSpar, Klonopin, temazepam, Xanax, Ambien, etc. Therefore, the request was not medically necessary.

**Fluoxetine 20mg #60 x 2 refills:** Overturned

**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 Procedure Summary Online Version.

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

**Decision rationale:** Conversely, the request for Prozac (fluoxetine), an SSRI antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as fluoxetine (Prozac) may be helpful to alleviate symptoms of depression. Here, a June 17, 2015 mental health progress note was notable for commentary to the effect that the applicant's ability to concentrate, ability to converse and interact with others, maintain interest in various activities, etc., had all been augmented following the introduction of Prozac. It did appear, thus, that the applicant was deriving some admittedly incomplete improvements in mood and function as a result of ongoing Prozac usage. Continuing the same, on balance, thus, was indicated. Therefore, the request was medically necessary.

**Clonazepam 0.5mg #60 x 2 refills:** 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 Procedure Summary Online Version.

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

**Decision rationale:** Finally, the request for clonazepam (Klonopin), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin (clonazepam) may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 60-tablet, two-refill supply of clonazepam (Klonopin) at issue, in and of itself, represents chronic, long-term, and/or twice daily usage of the same, i.e., usage incompatible with the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. The attending provider, furthermore, failed to furnish a clear or compelling rationale for concomitant usage of so many different anxiolytic medications, including temazepam, BuSpar, and Klonopin. Therefore, the request was not medically necessary.