

Case Number:	CM15-0176707		
Date Assigned:	09/17/2015	Date of Injury:	03/21/2007
Decision Date:	11/18/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 58 year old female, who sustained an industrial injury on 3-21-2007. She reported repetitive trauma injuries to the neck and upper extremities. Diagnoses include major depressive disorder, generalized anxiety disorder, sleep disorder, post-traumatic stress disorder (PTSD), chronic pain, and status post bereavement, loss of her husband. Treatments to date include activity modification, medication therapy, and psychotherapy. Currently, she complained of increasing psychological symptoms secondary to denial of medications. She further reported being tearful, crying, fearful and unable to sleep. She reported being nervous and shaky, forgetful, and repeating words. She has become unable to drive. On 6-26-15, the physical examination documented rapid speech, and presence of agitation, crying spells, anger, and anxiety. The plan of care included an increase in Cymbalta. On 7-31-15, she reported continuation of increased symptoms with lack of medication. The examination documented a labile mood, and presence of crying spells, anger, anxiety, and racing thoughts. The appeal requested authorization of Clonazepam 1mg #90 with one refill (QTY 180); Requip 0.5mg #30 with two refills (QTY 90); and Latuda 20mg #30 with two refills (QTY 90). The Utilization Review dated 8-12-15, denied the request indicating the available medical records did not support that the California MTUS Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006)" ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with major depressive disorder, generalized anxiety disorder, sleep disorder, post-traumatic stress disorder (PTSD) and chronic pain. Per progress report dated 6-26-15, the injured worker was experiencing rapid speech, and presence of agitation, crying spells, anger, and anxiety and Cymbalta dose was increased at that visit. On 7-31-15, she reported continuation of increased symptoms. There is no evidence of objective functional improvement with the use of this medication and thus the request is not medically necessary.

Lexapro 20mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors)-Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with major depressive disorder, generalized anxiety disorder, sleep disorder, post-traumatic stress disorder(PTSD) and chronic pain. Per progress report dated 6-26-15, the injured worker

was experiencing rapid speech, and presence of agitation, crying spells, anger, and anxiety and Cymbalta dose was increased at that visit. On 7-31-15, she reported continuation of increased symptoms. There is no evidence of objective functional improvement with the current treatment, even though she is being prescribed two antidepressants i.e. Cymbalta and Lexapro and thus the request is not medically necessary. It is to be noted that the FDA recommends 20 mg as maximum dose and above that dose, no significant improvement in symptoms was seen.

Latuda 20mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/ Atypical antipsychotics and Other Medical Treatment Guidelines FDA.gov- LATUDA.

Decision rationale: ODG states "Atypical antipsychotics: Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) as mono-therapy for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful." Per FDA, LATUDA is an atypical antipsychotic for the treatment of:- Schizophrenia- Depressive episodes associated with Bipolar I Disorder (bipolar depression), as mono-therapy and as adjunctive therapy with lithium or valproate. The injured worker has been diagnosed with major depressive disorder, generalized anxiety disorder, sleep disorder, post-traumatic stress disorder (PTSD). The request for Latuda 20mg, #30 with 2 refills is not medically necessary as the injured worker does not have the diagnosis which would qualify its use per FDA recommendations. Also, the guidelines suggest that adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, and it could have significant side effects.

Requip 0.5mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/cdi/ropinirole.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov: REQUIP (Ropinirole hydrochloride).

Decision rationale: Requip (ropinirole hydrochloride) is an orally administered non-ergoline dopamine agonist. Requip is indicated for the treatment of the signs and symptoms of idiopathic Parkinson's disease and moderate-to-severe primary Restless Legs Syndrome (RLS). The request for Requip 0.5mg, #30 with 2 refills is not medically necessary since the injured worker does not have diagnosis that would qualify its use in this case based on the FDA recommendations.

Clonazepam 1mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS states 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Clonazepam 1 mg three times daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Clonazepam 1mg, #90 with 1 refill is not medically necessary.