

Case Number:	CM15-0178227		
Date Assigned:	09/18/2015	Date of Injury:	06/30/2011
Decision Date:	11/25/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/10/2015

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 60 year old female, who sustained an industrial injury on June 30, 2011. She reported depression, anxiety and posttraumatic stress disorder due to a work related injury. The injured worker was diagnosed as having prolonged posttraumatic stress disorder, anxiety disorder with panic attacks and reactive muscle tension and pain syndrome. Treatment to date has included psychiatric treatment, psychological testing and medications. On April 16, 2015, the injured worker was noted to have a partial response to the current issue and stability on medications. Her current psychotropic medications included Viibryd, Latuda, Lunesta and Xanax. Lunesta was reported to help her sleep and she stated that she takes her Xanax medication for anxiety as needed. She was reported to still be very emotional talking about what happened to her and stated, "it's holding my life". The injured worker denied suicidal or homicidal thoughts. Treatment recommendations included continuing psychiatric management and treatment, including current medications. A request was made for Viibryd 40mg #30, Latuda 40mg #30, Lunesta 3mg #30 and twelve weeks of cognitive behavioral therapy one time per week for twelve weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd tab 40mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: 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 post traumatic stress disorder and anxiety disorder with panic attacks. The request for Viibryd tab 40mg #30 is medically necessary for treatment of the current symptoms. It is to be noted that the need for further continuation of Viibryd depends on medical stability/ functional improvement with the medication.

Latuda 40mg #30: Upheld

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

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.

Decision rationale: ODG states "Atypical antipsychotics not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." The injured worker has been diagnosed with post traumatic stress disorder and anxiety disorder with panic attacks. The request for an atypical anti-psychotic is not medically necessary as the injured worker does not have conditions for which this medication is indicated per FDA and ODG guidelines.a

Lunesta 3mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness/ Insomnia treatment; Eszopiclone/Lunesta.

Decision rationale: ODG states "Lunesta: Not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, eszopiclone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired." The request for Lunesta 3mg #30 is not medically necessary as this medication is not indicated for long term treatment of insomnia.

Cognitive Behavioral therapy one time per week for 12 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/ Cognitive therapy for depression; Cognitive therapy for PTSD.

Decision rationale: MTUS is silent regarding this issue ODG Psychotherapy Guidelines recommend: Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)The injured worker has been diagnosed with post traumatic stress disorder and anxiety disorder with panic attacks and has completed about 31 psychotherapy sessions so far. She has exceeded guideline recommendations already and thus the request for additional 12 sessions is not medically necessary.