

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0179824 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 01/25/2011 |
| <b>Decision Date:</b> | 11/19/2015   | <b>UR Denial Date:</b>       | 08/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/14/2015 |

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 44 year old female injured worker suffered an industrial injury on 1-25-2011. The diagnoses included depressive disorder and panic disorder with agoraphobia. On 7-24-2015, the treating provider reported she has had a good response to treatment. He reported the anxiety, tension and irritability were reduced, depression was reduced, insomnia reduced and appetite was the same. The panic attacks and agoraphobia persisted. Prior treatments included biofeedback sessions and medication. The Utilization Review on 8-31-2015 determined non-certification for Ambien 10mg, #30, Bupropion 200mg, #30, Fluoxetine 40mg, #30 and Xanax 1mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg, #30:** 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) Chapter: Pain last updated 7/15/15 Zolpidem (Ambien).

**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 and Stress, Zolpidem.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this medication. Per the Official Disability Guidelines (ODG), "zolpidem is not recommended for long-term use." The clinical records submitted do support the fact that this patient has a remote history of insomnia and panic attacks. However, the ODG guidelines do not support the long-term use of this medication for that indication. Furthermore, the patient's most recent clinical encounters document that the patient's history of insomnia is actually improved. Further long-term zolpidem use is not indicated. Therefore, based on the submitted medical documentation, the request for ambien is not medically necessary.

**Bupropion 200mg, #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA) Wellbutrin Indications Use and Prescribing Information [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2008/021908s005lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/021908s005lbl.pdf).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a Wellbutrin prescription for this patient. Wellbutrin is the name brand equivalent of generic Bupropion. The clinical records submitted do support the fact that this patient has chronic panic attacks. However, the medical records do not support that this patient has a refractory major depressive disorder with supervision by a specialist. The California MTUS guidelines do address the topic of Wellbutrin prescription. Specifically, per MTUS, Wellbutrin is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Wellbutrin is an atypical antipsychotic. Antidepressant or antipsychotic medication may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral. This patient has been diagnosed with anxiety and panic attacks; however, the clinical records indicate that she continues to have agoraphobia despite multiple medications and biofeedback. Management of clinical psychiatric disease is best done with a specialist. Despite her persistent disease, there is no evidence this patient is being actively treated by a specialist. The patient was last seen in follow-up more than 8 months ago by a psychiatrist with no clinical records within the last 2 months to indicate the patient's current mental health. Therefore, based on the submitted medical documentation, the request for Wellbutrin prescription is not medically necessary.

**Fluoxetine 40mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Models and Definitions, Initial Assessment, Treatment.

**Decision rationale:** While the MTUS Guidelines does acknowledge that it often takes weeks for antidepressants such as Fluoxetine (Prozac) to exert their maximal effect, in this case, however, the applicant has been using Fluoxetine (Prozac) for a minimum of several years. Ongoing usage of Fluoxetine (Prozac) has proven partially effectual with the patient reporting lessened (but still some) anxiety, depression and insomnia. However, the patient's agoraphobia is still severe and unchanged. The patient was last seen in follow-up more than 8 months ago by a psychiatrist with no clinical records within the last 2 months to indicate the patient's current mental health. Since the MTUS recommends that prolonged use of an antidepressant be monitored under the care of a specialist if therapy is unsuccessful, this medication is not indicated without further specialist care. Therefore, based on the submitted medical documentation, the request for Fluoxetine is not medically necessary.

**Xanax 1mg, #60:** 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:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per the California MTUS guidelines, 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." This patient has been documented to have long term, chronic depression and anxiety with agoraphobia. Per MTUS, benzodiazepines should not be utilized for treatment of chronic depression and anxiety. The patient has been prescribed Ativan for longer than 4 weeks and is at high risk for dependence. Therefore, based on the submitted medical documentation, the request for Ativan is not medically necessary.