

Case Number:	CM15-0073626		
Date Assigned:	04/23/2015	Date of Injury:	10/19/2010
Decision Date:	07/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/17/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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:

This is a 34 year old female whose date of injury (to the right wrist) is 10/19/10. She was employed as a paramedic. During transport, the patient's husband had a total body seizure, while attempting to restrain him the injury occurred. A 2nd injury occurred on 01/31/12, again while attempting to restrain a combative patient. She suffered 2 broken teeth, bruised liver, and reinjured wrist. Previous treatment included casting, physical therapy, right wrist ulnar decompression and medications. Her diagnoses are PTSD major depressive disorder recurrent severe and anxiety. Treatments have included individual psychotherapy and medications. On 10/03/14 Klonopin was increased to 1mg BID due to debilitating anxiety, gabapentin was decreased due to weight gain of 50 lbs which was felt to be medication related. On 01/07/15, she was started on Prazosin 1mg. The most recent PR2 is from 02/12/15. The patient had resumed trauma IOP, and was seeing her psychologist twice per month. She had nightmares and sleep disruption nightly, and right upper extremity neuropathic pain. Her PHQ9 was 23/27 and Beck Suicide Inventory was 13, she denied suicidal ideation. She was tearful and sad. She had no evidence of thought disorder or perceptual disturbances. She indicated that her anxiety was debilitating. Medications included escitalopram, bupropion XL, Abilify, gabapentin, chlorpromazine prn nausea, and clonazepam. It was recommended that she continue in psychotherapy. UR of 03/18/15 certified #15 of Abilify, escitalopram, bupropion XL, and clonazepam to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Escitalopram 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

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, Antidepressants for PTSD & Major Depressive Disorder.

Decision rationale: The patient suffers from both PTSD and major depressive disorder. Antidepressants are first line treatments for both of these illnesses. Escitalopram (Lexapro) is an SSRI antidepressant. It is common practice in the community to see a patient with severe cases of major depressive disorder being prescribed antidepressants from two classes (the patient is also on bupropion). Given the severity of this patient's symptoms, this medication is considered medically necessary, therefore, this request is certified.

1 month supply of Bupropion XL 300mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

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, Antidepressants for PTSD & Major Depressive Disorder.

Decision rationale: The patient suffers from both PTSD and major depressive disorder. Antidepressants are first line treatments for both of these illnesses. It is common practice in the community to see a patient with severe cases of major depressive disorder being prescribed antidepressants from two classes (the patient is also on escitalopram). Given the severity of this patient's symptoms, this medication is considered medically necessary, therefore, this request is certified.

1 month supply of Ablify 5mg: 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), Treatment Index, 11th Edition (web), 2014 , mental Illness & Stress, Aripiprazole.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antianxiety medications in chronic pain.

Decision rationale: The patient suffers from PTSD and major depressive disorder with anxiety. She is being treated with antidepressants from two classes, along with Ablify and Prazosin, IOP,

and psychotherapy, but continued to have ongoing symptoms. Although Abilify, a 2nd generation antipsychotic, is approved for schizophrenia and mania, per ODG it may be used as augmentation in PTSD. She has been on Abilify 5mg since 04/14/14. Given the severity and seeming intractability of this patient's symptoms, this can be considered as medically necessary. This request is therefore certified.

1 month supply of Clonazepam 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antianxiety medications in chronic pain.

Decision rationale: The patient suffers from PTSD, and is being treated with antidepressants from 2 classes, with Abilify augmentation. Benzodiazepines are not indicated for treatment of anxiety disorders, except in the acute phase when the antidepressants are being titrated. They are also not recommended for longer than around four weeks due to the potential for abuse and the patient has been on clonazepam since 06/30/14, and UR of 03/18/15 allowed for #15 for safe taper. No current records have been provided since that time with rationale to continue its use. This request is therefore not medically necessary.