

<b>Case Number:</b>	CM15-0093665		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: 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:

The injured worker is a 43 year old female whose date of injury is 09/07/12. She reported anxiety and stress from work, and was diagnosed with major depressive disorder, adjustment disorder with anxiety, and insomnia related to anxiety and stress of litigation. Treatment to date has included antidepressants and psychotherapy. PR2 of 02/05/15 reported progressive worsening of her insomnia and depressive symptoms, and she was restarted on Prozac and Trazodone. In the PR2 of 3/31/15, she denied depressed mood, irritability, anhedonia, or avolition. She endorsed poor sleep with early and middle insomnia, and decreased energy level. She had good insight and judgment, and logical thought process. She was diagnosed with major depressive disorder recurrent in full remission, adjustment disorder in partial remission, and insomnia related to anxiety. She was able to work full time without restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 40mg (20mg QTY: 60):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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

**Decision rationale:** Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Drug selection criteria. The American Psychiatric Association has published the following considerations regarding the various types of anti-depressant medications: (1) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects; Antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. The patient's diagnoses are major depressive disorder recurrent in full remission and adjustment disorder in partial remission. She is noted to be able to work full time without restrictions. It would be medically contraindicated to remove a stable patient from her antidepressant and risk relapse. This request is therefore medically necessary.

**Trazadone 100mg (50mg #30) with 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, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress/Pain, Insomnia treatment.

**Decision rationale:** Recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. See the Pain Chapter for detailed recommendations and references. Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. The patient suffers from insomnia related to anxiety. Trazodone is a sedating antidepressant often prescribed for insomnia. It does not carry with it the restrictions and limitations of the benzodiazepines and non-benzodiazepine sedative-hypnotics. In addition, it may act as an augmenting agent to her Prozac. This request is therefore medically necessary.

**Group psychoeducation for insomnia (6 weeks course):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the

MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Mental Illness & Stress, Group therapy.

**Decision rationale:** Recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD (Donovan, 2001) (Foy, 2000) (Rogers, 1999), current findings do not favor any particular type of group therapy over other types. (Foy, 2000) See also PTSD psychotherapy interventions. Number of visits should be contained within the total number of Psychotherapy visits. No clear rationale has been provided for this request. In addition the number of visits should be contained within psychotherapy visits. As such this request is not medically necessary.