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| <b>Case Number:</b>   | CM14-0062071 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 06/09/1995 |
| <b>Decision Date:</b> | 11/16/2015   | <b>UR Denial Date:</b>       | 04/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2014 |

### 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 60 year old female who sustained an industrial injury on 06/09/1995, for which she has received cervical epidural steroid injections, PT, acupuncture, and spinal surgery x5. Her diagnosis is chronic major depressive disorder, chronic anxiety, migraine headaches, and has a long history of neuropathic pain. She has been hospitalized psychiatrically 7-10 with at least 8 suicide attempts, involving pills. In 03/2014 she overdosed on Prozac. The last hospitalization appears to have been in 05/2014 when she experienced an increase in depression and anxiety. She has been treated with psychotherapy and a variety of antidepressants including Prozac, Cymbalta, and Viibryd, and has been on Restoril for sleep and Klonopin 1mg TID for anxiety. She was started on Wellbutrin XL, ultimately raised to 450mg per day. On 06/22/2015 she felt well and "balanced" on Wellbutrin XL 450mg, Klonopin 1mg TID, and Restoril 30mg. Cymbalta was tapered and discontinued. It was then restarted due to increasing depression. In a progress note of 10/19/2015 [REDACTED] reported that the patient was doing well until Wellbutrin XL 150mg was denied for unclear reasons. Wellbutrin XL 450mg per day in combination with Cymbalta kept her stable and out of the hospital. She was increasingly depressed and anxious and feeling that she was decompensating. She endorsed trouble thinking and concentrating, and she was not sleeping well. She denied suicidal ideation, hallucinations, or paranoia. Objectively she appeared depressed, anxious, and tearful. She reported that her mother was dying and a friend had died 2 weeks ago from cancer. [REDACTED] felt that she was at risk for rehospitalization. Recommendations included increasing Wellbutrin XL, continue Klonopin and Restoril, and follow up in the clinic. On 10/23/15 Wellbutrin XL 150mg was certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Klonopin 1mg #90 with 5 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, Pain (Chronic) Benzodiazepines.

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

**Decision rationale:** Benzodiazepines are effective for acute treatment of anxiety. Long-term use is problematic as few patients achieve and sustain remission with monotherapy. These agents are used primarily as an adjunct for stabilization during initiation of an SSRI or SNRI. The disadvantage of use is the risk of abuse and physiological dependence with long-term use. These drugs also have no anti-depressant effect. SSRIs are first-line medications for maintenance treatment based on safety and tolerability. If the patient does not respond, another SSRI should be attempted. If this fails, another class of medications should be attempted (SNRI, TCA or benzodiazepine). The patient suffers from chronic major depressive disorder with chronic anxiety. She has a long history of multiple psychiatric hospitalizations with multiple documented suicide attempts, and decompensations with changes in her medications. She is currently experiencing increased psychiatric symptoms due to a number of life stressors. She has been tried on a number of antidepressant medications. She has attempted to use Klonopin on a prn basis but as indicated in the progress note of 06/22/15, she feels stable and balanced when taking this on a TID basis. Medical records and patient's subjective reports indicate that she has been stabilized with adjunctive use of Klonopin. There is documented efficacy in medical records justifying ongoing use of Klonopin. This request is medically necessary.

### **Restoril 30mg #30 with 5 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, Pain (Chronic) Insomnia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Restoril, Official Disability Guidelines, Pain Chapter, Benzodiazepines.

**Decision rationale:** Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. The patient suffers from chronic major depressive disorder with chronic anxiety. She

has been treated with Restoril successfully for sleep disturbance and has felt stable in this area. She has a long history of multiple psychiatric hospitalizations with multiple documented suicide attempts, and decompensations with changes in her medications. There is clear documentation in medical records of Restoril's efficacy for this patient. This request is medically necessary.