

<b>Case Number:</b>	CM13-0041934		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/11/2003
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 year old male with date of injury 10/11/2003. Date of UR decision was 10/03/2013. He has been experiencing low back pain due to work related injury and has psychological symptoms secondary to the same. Psychiatric Progress Report from 03/08/2013 states "His major complaint continues to be that of palpitation and shortness of breath which is of significant concern to him. He does not voice any other significant complaints." Diagnosis of Major Depressive Disorder, first episode and Anxiety ds NOS are listed in the progress reports by Psychiatrist. Psychiatric Progress Report from 10/04/2013 states "He continues to experience depression. Ever since the dosage of Paxil was increased, he has not experienced any palpitations. He has been taking Ativan on average once per day." Thought content is described as "unremarkable. He denies suicidal ideations, homicidal ideations, auditory hallucinations, visual hallucinations, or tactile hallucination". Has been treated with psychotropic medications such as Wellbutrin in the past and is currently taking Paxil, Abilify and Ativan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9/26/2013 Abilify 2mg x 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, Antipsychotics.

**Decision rationale:** ODG guidelines state "Abilify is not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. There is no evidence of any psychotic psychopathology in the reviewed documentation. Medical necessity of a prescription of Abilify cannot be affirmed at this time.

**9/26/2013 Paxil 30mg x30:** 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, Antidepressants.

**Decision rationale:** ODG states "Antidepressants for treatment of MDD (major depressive disorder) are 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. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006)" The submitted documentation does not provide any information regarding the severity of major depressive disorder or plan regarding how long the medication is intended to be continued. Additional information is required to affirm medical necessity.

**9/26/2013 Ativan 5mg x30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24.

**Decision rationale:** MTUS states "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. Their range of action includes sedative/hypnotic, Anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to Anxiolytic effects occurs within months and long-term use may actually increase anxiety." The injured worker has been receiving Ativan PRN long term. The guidelines advise

against long term use. The reviewed documentation does not reveal any plan to taper and discontinue the medication eventually. Medical necessity cannot be affirmed at this time.