

<b>Case Number:</b>	CM13-0050639		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with the date of injury of June 12, 2009. A utilization review determination dated October 21, 2013 recommends noncertification for Abilify and Nuvigil. A progress report dated December 2, 2013 indicates that the patient is frustrated that he cannot see a psychiatrist in Kentucky. The patient's medication was discontinued abruptly and he has not been given authorization to get it filled. The note goes on to indicate that the patient needs to stay on his medications which include Pristiq 100 mg per day #30 and Ambien CR 12.5 mg at bedtime #30. The note indicates that Ambien will be gradually discontinued and the patient will be switched to Trazodone. Nuvigil will also be discontinued, but the patient "must stay on Abilify 5 mg at bedtime #30. I strongly recommend that his medication will be covered as soon as possible. Without which he could have a full-blown relapse. He could end up in a psychiatric hospital. He could be significant suicide risk without the medication. He needs ongoing psychiatric care and treatment to alleviate the effects of the industrial injury." A progress report dated December 2, 2013 indicates that the patient is able to function well with his medication. He is being prescribed Pristiq and Abilify by [REDACTED]. The note proceeds to indicate that the patient denies suicidal ideation. Diagnoses include depression. A progress report dated June 7, 2013 indicates that the patient is doing better on medication, but continues to have poor energy level, fatigue, and stays in bed. He denies suicidal or homicidal ideation, and denies problems with appetite. His concentration is impaired, and he denies side effects with his current medication regimen. He is being prescribed Pristiq for depression and Abilify to augment the effects of Pristiq. He has been referred for cognitive behavioral therapy. A progress report dated August 6, 2013 indicates that the patient underwent a PHQ-9 depression screening and scored a 20 indicating severe depression. A progress report dated March 19, 2013 indicates that the patient was taking Savella, Nuvigil, and Latuda at that time. Without the medication, his angry

outbursts, and irritability become more frequent and pronounced. He indicates that the medications help anxiety, agitation, and irritability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Abilify tab 5mg day supply Qty:30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** Regarding the request for Abilify, Chronic Pain Medical Treatment Guidelines state that antidepressants have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is sufficient evidence that this patient has a diagnosis of depression including neuro-vegetative signs and symptoms as well as a PHQ-9 depression screening score of 20. The requesting physician has indicated that Abilify is prescribed to augment the effects of Pristiq. It is unclear how long the patient has been currently using Abilify. It is also acknowledged that the patient's medication was recently discontinued abruptly, which could cause an increased risk of rebound depression, and potentially suicidality. As such, it seems reasonable to continue the use of Abilify for one more month to allow the requesting physician time to document objective improvement as a result of its use. Therefore, the currently requested Abilify tab 5 mg quantity 30 is medically necessary.

**Nuvigil tab 250mg day supply qty:30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Armodafinil (Nuvigil)

**Decision rationale:** The Physician Reviewer's decision rationale: Regarding the request for Nuvigil, California MTUS and ACOEM do not contain criteria for the use of Nuvigil, ODG states the Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Within the documentation available for review, there is no indication that the patient has narcolepsy or shift work sleep disorder. In the absence of such documentation, the currently requested Nuvigil is not medically necessary.

