

<b>Case Number:</b>	CM14-0156483		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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. The expert 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 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/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:

Injured worker is a 55 year old male with date of injury 12/31/2005. Date of the UR decision was 9/11/2014. He suffers from lower back pain radiating to lower extremities secondary to industrial injury. Report dated 5/22/2014 listed diagnosis of Major depression, single episode, Pain disorder, Anxiety disorder NOS, Cognitive disorder NOS, rule out sleep disorder due to medical condition, Sexual dysfunction and Opioid dependence. Report dated 7/15/2014 listed that the injured worker complained of daily depression 10/10, he reported having contemplated suicide with a gun but did not act on it because of family. It was reported that he was experiencing problem falling asleep, staying asleep and he was waking up 3-4 times a night. Appetite was described as "terrible", loss of sexual interest/desire, poor concentration and memory. He was being prescribed morphine for pain and had been prescribed Xanax for anxiety, Halcion for sleep, Celexa for depression and Abilify. He scored in the severe range on Beck Depression and Anxiety Inventories.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 individual cognitive behavioral psychotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request for 8 individual cognitive behavioral psychotherapy sessions exceeds the guideline recommendations for an initial trial. Therefore, the request is not medically necessary.

**Abilify:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti-psychotic; 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 (ODG) Stress & Mental Illness, < Aripiprazole Abilify

**Decision rationale:** ODG guidelines state that Aripiprazole (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. According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. (Khanna, 2014) Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. (FDA, 2014). The request for Abilify; unspecified strength or quantity is not medically necessary.