

Case Number:	CM14-0084239		
Date Assigned:	07/21/2014	Date of Injury:	03/12/2009
Decision Date:	09/23/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

The patient is a 46-year-old male who has submitted a claim for Depressive disorder not elsewhere classified associated with an industrial injury date of March 12, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of depression. A progress note dated April 14, 2014 revealed that the patient was in a lot of pain. He was feeling less depressed after intake of Fetzima and he had been having less panic attacks and less crying spells. However, he still had problems with sleep and low energy. On examination, patient was found to have good eye contact, euthymic with constricted affect, and devoid of suicidal ideation, homicidal ideation, and auditory or visual hallucinations. Treatment to date has included medications including Fetzima, Abilify and Ativan. It appears from the progress notes that the patient was responding to these drugs although there were still some depressive symptoms remaining. Utilization review from May 6, 2014 modified the request for Ativan 1mg #50 to Ativan 1 mg 1 to 2 tablets PO qd PRN #30 because long term benzodiazepine use is not recommended by the guidelines. The request for Fetzima 40mg #30 was certified but the request for to Fetzima 40 mg PO #30 1 refill was denied for unclear reasons. The request for Abilify 15mg #30, Refills x1 was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. In this case, Ativan was being prescribed as a sleep aide since at least October 2013, which is beyond the recommended duration of use. Furthermore, there was no documentation of improved sleeping habits with the use of Ativan. Moreover, the current request does not specify the frequency by which the medication will be given. Therefore, the request for Ativan 2 mg #30 is not medically necessary.

Fetzima 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI's (Selective Serotonin Reuptake Inhibitors).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA, levomilnacipran.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Fetzima (levomilnacipran) is a serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder. In this case, the patient was prescribed with Fetzima for depression. The patient appeared to be responding well. However, this medication was already certified by previous utilization review. Therefore, the request for Fetzima 40mg #30 is not medically necessary.

Abilify 15mg #30, Refills x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference: Abilify.

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 chapter, Aripiprazole (Abilify) Other Medical Treatment Guideline or Medical Evidence: FDA (Abilify).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG and FDA were used instead. ODG states that aripiprazole (Abilify) is an

antipsychotic medication for the first-line psychiatric treatment for schizophrenia. The FDA states that Abilify is indicated for Schizophrenia, acute Treatment of Manic and Mixed Episodes, Maintenance Treatment of Bipolar I Disorder, Adjunctive Treatment of Major Depressive Disorder, Irritability Associated with Autistic Disorder, and Agitation Associated with Schizophrenia or Bipolar Mania. In this case, the patient experiences symptoms of anxiety and depression; hence, the prescription of Abilify. However, the request for Abilify was certified from the utilization review. Furthermore, the current request does not contain the frequency by which the medication will be given. Therefore, the request for Abilify is not medically necessary.