

Case Number:	CM14-0189432		
Date Assigned:	11/20/2014	Date of Injury:	08/14/2003
Decision Date:	01/08/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational Medicine 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:

Patient is a 48 year-old female with date of injury 08/14/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/20/2014, lists subjective complaints as chronic low back pain. Objective findings: Examination of the lumbar spine revealed limited range of motion. Straight leg raising test was positive bilaterally at 80 degrees. Palpation revealed muscle spasm with loss of lordotic curvature in the lumbar trunk. Sensory loss to light touches and pinprick in the right lateral calf and bottom of foot. Diagnosis includes failed L5 interbody fusion, depression and anxiety, nonindustrial medical problems including gastric bypass surgery and insomnia. The medical records supplied for review document that the patient was prescribed the following medication on 10/20/2014. Prior to then, patient was taking Pristiq. Medication: 1. Abilify 10mg, #30 SIG: daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Abilify 10mg #30: Upheld

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

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, Atypical antipsychotics

Decision rationale: Abilify is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder (manic depression). It is also used together with other medications to treat major depressive disorder in adults. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40, including Abilify, were found to lack both safety and effectiveness. Abilify 10mg #30 is not medically necessary.

1 prescription of Hydroxyzine 25mg #60: Upheld

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

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, Insomnia treatment

Decision rationale: Hydroxyzine (Vistaril, Atarax) is a first-generation antihistamine of the diphenylmethane and piperazine class. The Official Disability Guidelines state that hydroxyzine is used to treat anxiety disorders and allergic conditions, especially those that involve the skin, and as a sleep aid. Although sedating antihistamines have been suggested for sleep aids, tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. For chronic insomnia, a combined approach of medication and cognitive behavioral therapy is recommended; however, after a few weeks, the recommendation is to discontinue the medication and continue with CBT. Prescribing medication indefinitely will not work. The ODG states that patients do better in the long term if medication is stopped after 6 weeks. The patient has been taking hydroxyzine or some other type of sleep aid for greater than 6 weeks. Hydroxyzine 25mg #60 is not medically necessary.