

Case Number:	CM14-0192765		
Date Assigned:	11/26/2014	Date of Injury:	05/17/2002
Decision Date:	01/16/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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 64 year old male with date of injury 5/17/2002. Date of the UR decision was 10/31/2014. Per report dated 10/23/2014, the injured worker has experienced improvement with Pristiq and Lexapro and thus wants to continue. He experienced significant difference when he ran out of Pristiq. However, he did not notice significant difference with addition of Abilify. He continued to experience nightmares but they had significantly decreased with Klonopin. He began taking 2 mg of Klonopin at night which he felt helped significantly with nightmares. He was continuing to experience vivid dreams. He was diagnosed with Adjustment Disorder with Depressed and Anxious mood and Major Depressive Disorder, Improving. He was being prescribed Pristiq 100 mg daily, Lexapro 10 mg daily, Abilify 5 mg nightly, Lunesta 2 mg at bedtime as needed, Klonopin 0.5 mg twice daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mgm #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Klonopin qhs on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. MTUS also talks about Benzodiazepine: Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006) The request for Klonopin 0.5mgm #60 is excessive and not medically necessary as benzodiazepines are indicated only for short term use.

Abilify 5mg #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, Atypical Antipsychotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA. Gov- Aripiprazole (Abilify)

Decision rationale: Abilify is FDA approved for use in Schizophrenia, Bipolar Disorder, for Major Depressive Disorder as an adjunct to antidepressants for the treatment of MDD 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) Injured worker has been diagnosed with Adjustment Disorder with Depressed and Anxious mood and Major Depressive Disorder. As stated above, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. The request for Abilify 5mg #30 is not medically necessary.