MAXIMUS Federal Services

Case Number:	CM14-0206898		
Date Assigned:	12/18/2014	Date of Injury:	04/07/2011
Decision Date:	02/13/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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:

The patient is a 55 year old male with an injury date of 04/07/11.Based on 11/12/14 progress report, the patient has neck and back pain. Physical examination reveals straightening of the cervical lordosis along with spasms in the neck muscles. As per progress report dated 09/25/14, the patient complains of headaches as well. Physical examination reveals stiff neck, mild photophobia, and moderate spasms in the bilateral paraspinal muscles. Musculoskeletal evaluation shows right shoulder atrophy, AC joint tenderness, and crepitus with range of motion. There is tenderness to palpation in the cervical spine at all levels, and in trapezius, occiput and paraspinal muscles. The range of motion is limited with forward flexion at 20, extension at 0, LR and RR at 15. Right ankle extensor mechanism and flexion/extension of the right knee are significantly weak. The patient has received cortisone shot in the back, as per progress report dated 11/12/14. Current medications, as per the same progress report, include Abilify, Hydrocodone and Butrans patch. TENS unit is offering significant relief, as per progress report dated 09/25/14. The patient has been allowed to return to modified work, as per progress report dated 08/28/14. MRI of the Cervical Spine, 10/06/14:- Degenerative disc disease at C3-4 through C6-7- Degenerative joint disease at the right C7-T1 facet joint- Combined congenital and degenerative central spinal canal stenosis C3-4 through C6-7 narrowest at C3-4 and C5-6 where there is slight compression of the left side of the cervical spinal cord- Moderate to severe bilateral neural foraminal stenosis at C5-6 at the sites of the right and left C6 nervesMRI of the Lumbar Spine, 10/03/14:- Early degenerative disc disease at L4-5. Slight DJD in the facets at L4-5- Small tears in the anterior and right posterior lateral annulus at L4-5- Minimal right paracentral bulging at L4-5Diagnoses, 11/12/14:- S/P TBI with post concussive syndrome- Post traumatic headaches- Cervical spondylosis with moderately severe spinal stenosis- EPI, possibly

due to neuroleptic medications given in the past- Sleep disorder- Severe depression, history of severe anxiety and panic, history of paronia and delusions- AM headaches- History of tobacco use- Rule out dementia; progressive cognitive disorder/lossThe treater is requesting for (a) ABILIFY 15 mg # 30 (b) CLONAZEPAM 0.5 mg QTY # 15. The utilization review determination being challenged is dated 11/24/14. Treatment reports were provided from 04/14/14 - 12/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 15 mg #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 (ODG)

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 and Stress Chapter, Aripiprazole (Abilify)

Decision rationale: The patient presents with neck and back pain, as per progress report dated 11/12/14. The request is for Abilify 15 mg # 30. The patient also suffers from major depressive disorder, as per progress report dated 08/11/14. Medications, as per the same report, include Brintellix, Klonopin, Restoril and Abilify. ODG-TWC, Mental Illness and Stress Chapter, Aripiprazole (Abilify) Section states: "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." In this case, a prescription for Abilify was first noted in progress report dated 04/14/14. The patient has been receiving the medication consistently since then. The patient has been diagnosed with major depressive disorder, as per progress report dated 08/11/14. The treater prescribed Abilify for "mood stabilization," in the same progress report. ODG Guidelines, however, do not recommend Abilify as first-line treatment, since "there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." Therefore the request is not medically appropriate.

Clonazepam 0.5 mg QTY#15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pain (chronic)' and topic Benzodiazepine

Decision rationale: The patient presents with neck and back pain, as per progress report dated 11/12/14. The request is for Clonazepam 0.5 mg QTY # 15. The patient also suffers from major depressive disorder, as per progress report dated 08/11/14. Medications, as per the same report,

include Brintellix, Klonopin, Restoril and Abilify. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine' have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence."In this case, a prescription for Clonazepam was first noted in progress report dated 04/14/14. The patient has consistently received the medication since then. The patient has been diagnosed with sleep disorder, as per progress report dated 11/12/14. In progress report dated 08/11/14, the treater states the patient "sleeps for 3-5 hours each night. He has nightmares and flashbacks." the patient also has depression and anxiety, as per the same report. Klonopin (clonazepam) has been prescribed for "anxiety and restlessness," as per the report. However, the patient has been using the medication for several months. Both MTUS and ODG guidelines do not support the long-term use of Benzodiazepine. This request is not medically necessary.