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| <b>Case Number:</b>   | CM15-0104950 |                              |            |
| <b>Date Assigned:</b> | 06/10/2015   | <b>Date of Injury:</b>       | 12/09/1994 |
| <b>Decision Date:</b> | 07/28/2015   | <b>UR Denial Date:</b>       | 05/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/02/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old woman sustained an industrial injury on 12/9/1994. The mechanism of injury is not detailed. Diagnoses include sacroiliac spine strain, cervical spine degenerative disc disease, lumbar spine degenerative disc disease, lumbar facet arthropathy, headache syndromes, cervicgia, and sciatica. Treatment has included oral medication and surgical intervention. Physician notes dated 5/12/2015 show complaints of continued low back and neck pain rated 6/10. The worker has had her medications denied and has not been able to obtain them. Recommendations include continued psychology treatment, Abilify, Klonopin, Morphine Sulfate, Amitriptyline, urine drug screen, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 2mg Qty 30 with 1 refill - every morning with food for anxiety:** 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) Stress & Mental

Illness Aripiprazole (Abilify) and Other Medical Treatment Guidelines 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) The injured worker suffers from chronic pain due to industrial trauma and subsequently developed psychological consequences of the pain associated with the injury. Abilify is an atypical antipsychotic and is not recommended as a first-line treatment. It is FDA approved for use in Schizophrenia, Bipolar Disorder, for Major Depressive Disorder as an adjunct to antidepressants for the treatment of MDD. The use of Abilify in this case for anxiety is not medically necessary. Thus, the request for Abilify 2mg Qty 30 with 1 refill- every morning with food for anxiety is not medically necessary.

**Klonopin 0.5 mg Qty 45, 1 tablet orally 2 times daily as needed for anxiety:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Topic: 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 Klonopin 0.5 mg twice daily as needed on an ongoing basis with no documented plan of taper. It has been suggested that she has been treated with other benzodiazepine medications such as Valium in the past. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Klonopin 0.5 mg Qty 45, 1 tablet orally 2 times daily as needed for anxiety is excessive and not medically necessary. It is to be noted that the UR physician authorized 30 tablets for a safe taper.