

<b>Case Number:</b>	CM15-0105750		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	12/06/2002
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/06/2015
<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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 injured worker is a 61 year old female, who sustained an industrial injury on 12/6/2002. The injured worker was diagnosed as having major depressive disorder and generalized anxiety disorder. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 4/29/2015, the injured worker was seen by a dentist who documented teeth indentations, cavities and evidence of bruxism. In a narrative note dated 4/22/2015 the injured worker was seen for depression, anxiety and stress related medical complaints. The treating physician is requesting Nuvigil 100 mg, Temazepam 30 mg #30 with 2 refills, Fioricet #60 with 2 refills and Abilify 10 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 100mg, one every day before noon:** 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), Pain Chapter, Nuvigil.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

**Decision rationale:** Nuvigil (Armodafinil) is a psycho stimulant which is used to treat excessive sleepiness caused by obstructive sleep apnea, narcolepsy, or shift work sleep disorder. In this case, there is no documentation of excessive sleepiness or narcolepsy. It is not recommended to counteract sedation effects of narcotics. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Temazepam 30mg one every night at bedtime #30 with 2 refills:** 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:** Restoril (Temazepam) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. It is approved for the short-term treatment of insomnia. According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. There is no documentation provided indicating that the patient has a diagnosis of insomnia. There are no guideline criteria that support the long-term use of benzodiazepines for sleep disturbances. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Fioricet one two (2) times per day #60 with two (2) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) BCAs.

**Decision rationale:** Barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Fioricet contains butalbital, Tylenol, and caffeine. The literature reported that butalbital containing combination analgesics should be avoided in migraine headache management. When used, it should be closely monitored to avoid overuse and dependence. It is recommended to be used less than 10 days/month. In this case, there is no documentation of the efficacy of this medication. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Abilify 10mg one every night at bedtime #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com./pro/abilify.html> and on the Non-MTUS Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Aripiprazole (Abilify).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Atypical Anti-psychotics, Aripiprazole (Abilify).

**Decision rationale:** 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 the ODG. Abilify is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. It 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. In this case, there is no documentation to indicate the rationale for the use of Abilify. Medical necessity for the use of this medication has not been established. The requested medication is not medically necessary.