

<b>Case Number:</b>	CM15-0013003		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	12/12/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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:

The injured worker is a 37-year-old male, who sustained an industrial injury on January 9, 2015. Treatment to date has included pain medications, muscle relaxants, antidepressant medication, physical therapy, a home exercise program, TENS therapy, rest, activity restrictions, ice/heat therapy and routine follow up. Currently, the IW complains of problems with concentration, forgetful, lack of energy, decreased appetite and decreased social interaction. The worker continues to complain of pain in the head, shoulders, low back, right hip and stabbing in the knees and right ankle pain. Pain is worse with bending, standing, lifting and walking. Pain is better with medications, steroid injections, physical therapy and use of his TENS unit. On January 12, 2015, the Utilization Review decision non-certified a request for Abilify 2mg, count 30 and Alprazolam 0.5mg, count 30, noting the guidelines for Abilify reflect there is no documentation to support the benefit to risk profile. The reviewer also stated that documentation did not reflect the medical necessity of this medication. The Alprazolam was denied because the worker had been on this medication for a long period and weaning of the medication was indicated and per the history, the worker should have sufficient medication from previous approval for weaning this medication. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of Abilify 2mg count 30 and Alprazolam 0.5mg count 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**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) There is no above mentioned indication for the use of Abilify in this case. Thus, the request for Abilify 2mg #30 is not medically necessary.

**Alprazolam 0.5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Health Chapter, Aripiprazole (Abilify).

**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 prescribed Alprazolam on an ongoing basis with no documented plan of taper. The UR physician's have suggested taper in the past but it has not been implemented. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Alprazolam 0.5mg #30 is not medically necessary, as the injured worker has already been certified for enough supply for a safe taper in the past per the chart.

