

Case Number:	CM15-0136892		
Date Assigned:	07/24/2015	Date of Injury:	06/26/2007
Decision Date:	08/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/15/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 55 year old male, who sustained an industrial injury on 6/26/2007. He reported falling and snapping the rod in his leg. Diagnoses have included major depression, chronic pain syndrome and post traumatic stress disorder. Treatment to date has included medication. According to the psychiatric report dated 4/27/2015, the injured worker rated his anxiety as nine out of ten due to problems with medications and back pain. He was in fear of surgery. It was noted that he needed more Seroquel due to anxiety and pain and that Abilify helped with anxiety, which helped pain. He reported trouble getting and staying asleep. He reported that Abilify helped with sleep. He reported panic attacks five times a week due to thinking about pain and surgery. He rated his physical pain as ten out of ten. The injured worker appeared anxious. Authorization was requested for Clonazepam, Abilify and Seroquel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 5mg #75: 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) Pain, Anxiety medications in chronic pain, Benzodiazepines.

Decision rationale: Klonopin is the brand name version of clonazepam. MTUS and ODG states that benzodiazepine (i.e. clonazepam) is "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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states that clonazepam is "Not recommended". The guidelines do not recommend long-term use of benzodiazepines and state that use is limited to four weeks. The submitted medical records indicate that the employee has been using clonazepam for greater than four weeks, exceeding the recommended treatment timeframe. The treating physician does not outline any special circumstances or extenuating reasons to continue this medication in excess of guidelines. As such, the request for Clonazepam 5mg #75 is not medically necessary.

Abilify 15mg #30: Overturned

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) Health and Stress, Abilify and Other Medical Treatment Guidelines Gen Hosp Psychiatry. 2013 Jan-Feb;35(1):103.e7-9. doi: 10.1016/j.genhosppsy.2012.05.002. Epub 2012 Jun 14. Aripiprazole improves various cognitive and behavioral impairments after traumatic brain injury: a case report. Umene-Nakano W1, Yoshimura R, Okamoto T, Hori H, Nakamura J.<http://www.uptodate.com>; Abilify.

Decision rationale: UPTODATE list the uses of abilify as below. Abilify is classified as a second generation antipsychotic. Bipolar I disorder: Acute treatment of manic and mixed episodes associated with bipolar I disorder. Irritability associated with autistic disorder: Treatment of irritability associated with autistic disorder. Major depressive disorder: Adjunctive treatment of major depressive disorder. Schizophrenia: Treatment of schizophrenia. Tourette disorder: Treatment of Tourette disorder. Injection: Agitation associated with schizophrenia or bipolar mania (immediate-release injection only): Treatment of agitation associated with schizophrenia or bipolar mania. Schizophrenia (extended-release injection only): Treatment of schizophrenia. Use: Off-Label Depression with psychotic features; Psychosis/agitation related to Alzheimer disease and other dementias ODG 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." A recent case report states (Gen Hosp Psychiatry. 2013 Jan-

Feb; 35(1):103.e7-9.) - Aripiprazole improves various cognitive and behavioral impairments after traumatic brain injury: a case report." Medical documented provided indicate this patient is diagnosed with major depressive order (r/o Bipolar Disorder) and PTSD. The treating physician has provided documentation of decrease in patient's pain, anxiety, sleep disturbances and depressive symptoms with the use of Abilify. As such, the request for Abilify 15mg #30 is medically necessary.

Seroquel 600mg #120: Overturned

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: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Atypical antipsychotics, Quetiapine (Seroquel).

Decision rationale: MTUS states regarding mental health treatments, "Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder)". ODG further states regarding Quetiapine, "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG". Medical documented provided indicate this patient is diagnosed with major depressive order (r/o Bipolar Disorder) and PTSD. The treating physician has provided documentation of decrease in patient's pain, anxiety, sleep disturbances and depressive symptoms with the use of Seroquel. As such, the request for Seroquel 600mg #120 is medically necessary.