

Case Number:	CM15-0168490		
Date Assigned:	09/09/2015	Date of Injury:	01/31/2012
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old female, who sustained an industrial-work injury on 1-31-12. She reported initial complaints of anxiety due to traumatic episode at work. The injured worker was diagnosed as having somatic symptoms disorder, chronic right ulnar neuritis, major depressive disorder, and PTSD (post-traumatic stress disorder). Treatment to date has included medication, psychotherapy, and surgery (ulnar nerve decompression of right wrist 2-2011). Currently, the injured worker complains of depression and anxiety along with neuropathic pain in the right upper extremity. Per the primary physician's progress report (PR-2) on 8-11-15, the injured worker remained depressed and anxious. Meds: aripiprazole, propranolol, gabapentin, prazosin, or chlorpromazine was not taken for the last two weeks due to lack of authorization. Since stopping gabapentin, the right hand pain intensified from 3-4 out of 10 to 6-7 out of 10. Other symptoms of nightmares and nausea, increased pulse rate with anxiety reoccurred. There was no suicide ideation. There was a clear sensorium with logical thought process and no perceptual disturbance. Current plan of care includes medication: aripiprazole 10 mg, bupropion XL 450 mg, clonazepam 1 mg, gabapentin 300 mg, prazosin 1 mg, propranolol 20 mg, and chlorpromazine 25 mg. The Request for Authorization date was on 8-13-15. The utilization review on 8-20-15 reviewed a request for Aripiprazole 10mg, Clonazepam 1mg, and Escitalopram 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aripiprazole 10mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Stress Chapter, Aripiprazole (Abilify).

Decision rationale: The patient presents with severe psychiatric problems, post-traumatic stress disorder, major depression, and chronic pain. The request is for ARIPIPRAZOLE 10MG #15. The request for authorization is dated 07/30/15. The patient is status post ulnar nerve decompression at the right wrist, 02/2011. Physical examination reveals mood is depressed and anxious. Affect is constricted but not tearful. She sometimes has thoughts of death but has no active suicidal ideation and no method, intent, or plan to hurt herself or others. She has no desire to kill herself but rather has more of a passive thought that if something bad were to happen to her she would not be bothered by it. She has no access to firearms. Patient Health Questionnaire depression score is 20/27. Patient's medications include Aripiprazole, Bupropion, Clonazepam, Escitalopram, Gabapentin, Prazosin, Propranolol, and Chlorpromazine. Per progress report dated 08/11/15, the patient to remain on temporary total disability. ODG-TWC, Mental Illness & 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." Per progress report dated, 08/11/15, treater's reason for the request is "for treatment of depression." Patient has been prescribed Aripiprazole since at least 04/14/14. ODG guidelines do not recommend Aripiprazole as first-line treatment, since "there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." Therefore, the request IS NOT medically necessary.

Clonazepam 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents with severe psychiatric problems, post-traumatic stress disorder, major depression, and chronic pain. The request is for CLONAZEPAM 1MG #30. The request for authorization is dated 07/30/15. The patient is status post ulnar nerve decompression at the right wrist, 02/2011. Physical examination reveals mood is depressed and anxious. Affect is constricted but not tearful. She sometimes has thoughts of death but has no active suicidal ideation and no method, intent, or plan to hurt herself or others. She has no desire to kill herself but rather has more of a passive thought that if something bad were to

happen to her she would not be bothered by it. She has no access to firearms. Patient Health Questionnaire depression score is 20/27. Patient's medications include Aripiprazole, Bupropion, Clonazepam, Escitalopram, Gabapentin, Prazosin, Propranolol, and Chlorpromazine. Per progress report dated 08/11/15, the patient to remain on temporary total disability. Clonazepam belongs to the Benzodiazepine class of medications. MTUS, Benzodiazepines Section, page 24 states: "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." Per progress report dated 08/11/15, treater's reason for the request is "for treatment of anxiety." The patient has been prescribed Clonazepam since at least 06/30/14. The patient has a history of psychiatric problems. However, guidelines limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or frank addiction. In this case, the request for additional Clonazepam #30 would exceed guidelines recommendation, and does not indicate intended short term use. Therefore, the request IS NOT medically necessary.

Escitalopram 20mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 under Escitalopram (Lexapro).

Decision rationale: The patient presents with severe psychiatric problems, post-traumatic stress disorder, major depression, and chronic pain. The request is for ESCITALOPRAM 20MG #15. The request for authorization is dated 07/30/15. The patient is status post ulnar nerve decompression at the right wrist, 02/2011. Physical examination reveals mood is depressed and anxious. Affect is constricted but not tearful. She sometimes has thoughts of death but has no active suicidal ideation and no method, intent, or plan to hurt herself or others. She has no desire to kill herself but rather has more of a passive thought that if something bad were to happen to her she would not be bothered by it. She has no access to firearms. Patient Health Questionnaire depression score is 20/27. Patient's medications include Aripiprazole, Bupropion, Clonazepam, Escitalopram, Gabapentin, Prazosin, Propranolol, and Chlorpromazine. Per progress report dated 08/11/15, the patient to remain on temporary total disability. MTUS Guidelines are silent on Escitalopram. ODG Guidelines, Mental Illness and Stress Chapter under Escitalopram (Lexapro) states: "Recommended as a first-line treatment option for MDD and PTSD." ODG Guidelines, Mental Illness and Stress chapter under Antidepressants for treatment of MDD (major depressive disorder) states: "Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." Per progress report dated 08/11/15, treater's reason for the request is "at bedtime for treatment of anxiety and depression." Patient has been prescribed Escitalopram

since at least 05/27/14. In this case, the patient is diagnosed with MDD and PTSD for which Lexapro is indicated by ODG. However, treater does not discuss nor document medication efficacy and how the patient is doing by taking Escitalopram. Therefore, given the lack of documentation, the request IS NOT medically necessary.