

<b>Case Number:</b>	CM15-0181768		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	06/01/2005
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 59 year old male, who sustained an industrial injury on 6-1-05. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for mood disorder, personality change, pain dissociative. Medical records dated 7-30-15 indicate the injured worker complains of sleep disturbance, delusional thoughts, paranoia, despair and distress. He reports "persistent irritability and frustration, anger towards other people- improving with therapy." Treating physician indicates alcohol abuse, anxiety, decreased energy, impaired concentration, social distress and obvious physical discomfort. Exam dated 2-24-15 indicates the injured worker is "stable on current medication (Abilify 5mg #30 and Xanax 1mg #20) which should be continued to avoid relapse." The treating physician does not indicate physical exam for visit dated 7-30-15. Treatment to date has included medication and cognitive behavioral therapy (CBT). The original utilization review dated 8-13-15 indicates the request for 4 medication management visits, 4 beck depression inventories and 4 beck anxiety inventory is certified, Abilify #30 is non-certified and Xanax 1mg #20 is modified to Xanax 1mg #16 and unknown continued sessions with specialist for cognitive behavioral therapy (CBT) is modified to 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 Abilify 5mg: 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) Mental Illness & Stress Aripiprazole (Abilify) (2015).

**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 anhedonia, anger, anxiety, appetite disturbance, depression, diminished energy, impaired concentration, impaired memory, irritability, low self-esteem, nightmares, paranoid ideation, and periods of crying, sexual dysfunction, sleep disturbance, and social withdrawal. The request is for 30 Abilify 5mg. The request for authorization is not provided. Findings on examination include agitation, angry, anxious, confused, depressed, impaired concentration, memory impairment, obvious physical discomfort, and tearfulness. The patient's work status is not provided. 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." Treater does not specifically discuss this medication. Patient has been prescribed Abilify since at least 12/22/14. ODG guidelines do not recommend Abilify 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.

### **20 Xanax 1mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Alprazolam (Xanax) (2015).

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

**Decision rationale:** The patient presents with anhedonia, anger, anxiety, appetite disturbance, depression, diminished energy, impaired concentration, impaired memory, irritability, low self-esteem, nightmares, paranoid ideation, and periods of crying, sexual dysfunction, sleep disturbance, and social withdrawal. The request is for 20 Xanax 1mg. The request for authorization is not provided. Findings on examination include agitation, angry, anxious, confused, depressed, impaired concentration, memory impairment, obvious physical discomfort, and tearfulness. The patient's work status is not provided. MTUS, Benzodiazepines Section, page 24 states, "Not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG Guidelines, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting

drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. This patient has been prescribed Xanax since at least 12/22/14. This request for additional 20 Xanax would exceed guidelines recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

**Unknown continued sessions with specialist for CBT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental Illness & Stress: Cognitive therapy for depression (2015).

**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 under Cognitive Behavioral Therapy (CBT).

**Decision rationale:** The patient presents with anhedonia, anger, anxiety, appetite disturbance, depression, diminished energy, impaired concentration, impaired memory, irritability, low self-esteem, nightmares, paranoid ideation, and periods of crying, sexual dysfunction, sleep disturbance, and social withdrawal. The request is for Unknown Continued Sessions with Specialist for CBT. The request for authorization is not provided. Findings on examination include agitation, angry, anxious, confused, depressed, impaired concentration, memory impairment, obvious physical discomfort, and tearfulness. The patient's work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, Behavioral Intervention Section, pages 23-25 states, "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)". Per progress report dated 08/20/15, treater's reason for the request is "continue to use CBT for basic skills of containing emotions & reducing anger & depression." It appears the patient has previously attended CBT sessions and the treater is requesting additional visits of CBT following an initial trial. Per same progress report, treater states, "Improved self care, coping w/ rage & outbursts better - completed several small home projects/tasks & is feeling some measure of success. In this case, the treater has documented improvement in the patient with CBT, and additional sessions would appear to be warranted. However, treater does not specify the number of sessions requested. MTUS recommends up to 6-10 visits over 5-6 weeks with evidence of objective functional improvement. There is no guidelines support for open-ended sessions of CBT. Therefore, the request is not medically necessary.

