

Case Number:	CM15-0184624		
Date Assigned:	09/25/2015	Date of Injury:	02/27/2003
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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, California

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 48 year old male who sustained an industrial injury February 27, 2003. Past history included psychotherapy and pharmacotherapy treatment as well as in-patient hospitalization (approximately (4) times over the past (10) years). He has also been voluntarily hospitalized at times when he's become aware of suicidal thought along with plans. Diagnoses are cervical neuritis; cubital tunnel syndrome; carpal tunnel syndrome; major depressive disorder, recurrent severe with psychotic features; complex regional pain syndrome; sleep apnea. According to a physician's progress notes dated August 11, 2015, the injured worker presented with complaints of not feeling well and more depressed with increased SI (suicidal ideation, no intent or plan). He is frustrated with ongoing struggles. He reports he was able to sleep using less Valium for a few nights. He self-increased Lexapro to 30 (not specified) without side-effects. He is sleeping (6) hours. Assessment is documented as; injured worker was engaged in therapy; Axis V: 41-50 symptoms. A discussion with the injured worker regarding voluntary hospitalized was done, but he will go to an emergency room if needed or call treating physician. At issue, is the request for authorization for Abilify and Diazepam. According to utilization review dated September 4, 2015, the request for Abilify 15mg oral daily every other week is non-certified. The request for Diazepam 10mg po BID (by mouth twice a day) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 15mg oral daily every other week: 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 - Abilify (aripiprazole).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental health and Stress, Abilify and Other Medical Treatment Guidelines <http://www.uptodate.com>; AbilifyGen Hosp Psychiatry. 2013 Jan-Feb;35(1):103.e7-9. doi: 10.1016/j.genhosppsych.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.

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." The medical documentation provided indicate this patient has a diagnosis of major depressive disorder with psychotic features and Abilify would be appropriate to treat this condition. However, the request does not include the number of tablets to dispense. As such, the request for Abilify 15mg oral daily every other week is not medically necessary at this time.

Diazepam 10mg po BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

Decision rationale: Valium is the brand name version of diazepam, a benzodiazepine. MTUS 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." ODG states regarding benzodiazepines, "The potential for adverse outcomes increases with concurrent prescribing of medications with sedative properties; thus, concomitant prescribing of opioids, tramadol, benzodiazepines, and other sedating medications (such as H1 blocker antihistamines) is not recommended." Records indicate that the patient has been on Valium in excess of the 4 week limit. The treating physician does not indicate any extenuating circumstances for why this patient should continue to be on Valium. Additionally, the request does not specify the number of medications to dispense. As such, the request for Diazepam 10mg po BID is not medically necessary.