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| Case Number: | CM15-0200322 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 12/01/2007 |
| Decision Date: | 12/02/2015 | UR Denial Date: | 09/25/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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 44 year old female with an industrial injury date of 10-01-2007. Medical record review indicates she is being treated for anxiety and depression. In the treatment note dated 09-09-2015 the treating physician noted the injured worker "made a suicide attempt when the medication was tampered with and changed." "I strongly recommend that her medications be not changed any further and that could destabilize her." "She could end up in a psychiatric hospital with a suicide attempt if this medication is discontinued." "In fact she is very worried that will happen and she is becoming very anxious and agitated." The treating physician noted he would increase the dose of Depakote ER to 500 mg at bedtime to stabilize her mood. "She remains totally temporarily disabled and needs ongoing psychiatric care and treatment to alleviate the effects of the industrial injury." Her psychiatric medications included Viibryd, Abilify and Depakote. Prior treatment included psychotherapy and medications. The treatment request for Depakote ER 500 mg #30 and Abilify 5 mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depakote ER 500 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov and Official Disability Guidelines, Mental, Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: The patient presents with anxiety and depression associated to a work related injury. She has chronic pain and unable to perform some of her daily activities. She continues to complain of persistent depression. The request is for DEPAKOTE ER 500 MG #30. The request for authorization is dated 09/10/15. She has no thoughts of harming herself or others. She does not have any auditory or visual hallucinations. Her insights and judgment are good. She has no signs of EPS, akathisia, or tremors. She is in counseling. Per progress report dated 09/09/15, the patient is temporarily totally disabled. [drugs.com](http://www.drugs.com) states: "Depakote (divalproex sodium) affects chemicals in the body that may be involved in causing seizures. Depakote is used to treat various types of seizure disorders. It is sometimes used together with other seizure medications. Depakote is also used to treat manic episodes related to bipolar disorder (manic depression), and to prevent migraine headaches." Per progress report dated 09/09/15, treater's reason for the request is "to stabilize her mood." Review of provided medical records show the patient was prescribed Depakote on 05/04/15. In this case, the patient continues with anxiety and depression. Per the same progress report, treater states, "She could end up in psychiatric hospital with a suicide attempt if this medication is discontinued. In fact, she is very worried that will happen and she is becoming very anxious and agitated." However, the treater does not discuss or document the patient with a seizure disorder, bipolar disorder, or migraine headaches, for which Depakote would be indicated. Furthermore, MTUS page 60 require recording of pain and function when medications are used for chronic pain, which the treater does not document with specific examples. Therefore, the request IS NOT medically necessary.

Abilify 5 mg #30: Upheld

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

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 Aripiprazole.

Decision rationale: The patient presents with anxiety and depression associated to a work related injury. She has chronic pain and unable to perform some of her daily activities. She continues to complain of persistent depression. The request is for ABILIFY 5 MG #30. The request for authorization is dated 09/10/15. She has no thoughts of harming herself or others. She does not have any auditory or visual hallucinations. Her insights and judgment are good. She has no signs of EPS, akathisia, or tremors. She is in counseling. Per progress report dated 09/09/15, the patient is temporarily totally disabled. 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 09/09/15, treater's reason for the request is "to supplement and augment the effect of Viibryd. In other words, she is a lot more stable finally on this combination and there is not reason to destabilize her," Review of provided medical records show the patient was prescribed Abilify on 05/04/15. In this case, the patient suffers from chronic pain, anxiety and depression. However, ODG guidelines do not recommend Abilify as a first-line treatment, since "there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." In addition, antipsychotics are the first-line psychiatric treatment for schizophrenia and there is no discussion or documentation that the patient suffers from schizophrenia. Therefore, the request IS NOT medically necessary.