

Case Number:	CM15-0203147		
Date Assigned:	10/19/2015	Date of Injury:	08/25/2013
Decision Date:	12/03/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 27 year old female with a date of injury of August 25, 2013. She sustained the injury after being held up at gunpoint by a robber. The diagnoses include depression and posttraumatic stress disorder. Per the progress note dated 10/5/15, she had depressed mood and blunted affect, high level of anxiety/worry, panic attacks, disturbing thought, sleep disturbances and depression. Per the note dated August 12, 2015 she complained of depression, crying, sleep disturbances, irritability, stress, intense anger, anxiety, worry, recurrent fear, and panic attacks. Per the progress note dated September 16, 2015 she had similar complaints to those reported on August 12, 2015. The exam dated August 21, 2015 revealed looked physically ill following treatment for two burst ovarian cysts. The medications list includes Zolpidem, Arpiprazole, lorazepam, diazepam, abilify, prazosin, hydrocodone and Venlafaxine. Her surgical history includes tubal ligation in 2014, bilateral carpal tunnel surgery in 2011 and emergency abdominal surgery on 8/24/14 due to ovarian cysts. Treatment has included psychotherapy, psychiatric hospitalization, and medications (Zolpidem and Arpiprazole since at least June of 2015; Venlafaxine since at least January of 2015). Per the records provided, she was admitted from 6/22/15 to 7/1/15 for psychiatry after cutting her wrist. The original utilization review (October 2, 2015) partially certified a request for Arpiprazole 20mg #15 (original request for #30), Zolpidem 10mg #15 (original request for #30), and Venlafaxine 150mg #30 (original request for #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aripiprazole 20mg # 30: 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) Chapter: Mental Illness & Stress (updated 11/24/15) Aripiprazole (Abilify).

Decision rationale: Aripiprazole is an antipsychotic. Per the cited guidelines Abilify (aripiprazole) is "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. According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. (Khanna, 2014) Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. (FDA, 2014)" Evidence of schizophrenia and acute mania is not specified in the records provided. The cited guidelines do not recommend aripiprazole for this patient's diagnosis as a first line therapy. Failure of first line therapy for major depression is not specified in the records provided. The medical necessity of Aripiprazole 20mg # 30 is not fully established for this patient. The request is not medically necessary.

Zolpidem 10mg # 30: 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) Chapter : Pain (updated 10/09/15) Zolpidem (Ambien).

Decision rationale: Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." A detailed rationale for the long term use of Ambien is not specified in the records provided. A failure of other measures for treatment of the patient's insomnia symptoms, including proper sleep hygiene, and medications other than controlled substances, is not specified in the records provided. In addition, zolpidem is approved for short-

term use only. The medical necessity of Zolpidem 10mg # 30 is not fully established for this patient at this time given the medical records submitted and the guidelines referenced. The request is not medically necessary.

Venlafaxine ER 150 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: According to CA MTUS guidelines Venlafaxine (Effexor) is "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches." According to the records provided, the patient had high level of anxiety/worry, panic attacks, disturbing thought, sleep disturbances and depression. SNRI's like Venlafaxine is a first line option for patients with depression and anxiety disorders. The request for Venlafaxine ER 150 mg #60 is medically appropriate and necessary for this patient.