

Case Number:	CM15-0026531		
Date Assigned:	02/18/2015	Date of Injury:	08/27/2001
Decision Date:	04/08/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/11/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 54-year-old female, who sustained an industrial injury on 08/27/2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include post lumbar laminectomy syndrome, therapeutic drug monitor, and lumbar disc displacement without myelopathy, cervical disc displacement without myelopathy, generalized anxiety disorder, and long term medication use. Treatment to date has included laboratory studies, medication regimen, psychotherapy, and above noted surgery. In a progress note dated 12/11/2014 the treating provider reports chronic low back and neck pain. The treating physician requested the below listed medications noting that Pristiq was helpful with the injured worker's depression in the past, Clonazepam for panic attacks, and Ambien (Zolpidem) for insomnia, but the documentation provided did not indicate the reason for the requested medications of Abilify or Propranolol. On 01/19/2015 Utilization Review non-certified the requested treatments of Pristiq 100mg one tablet daily with a quantity of 30, Abilify 2mg one tablet daily with a quantity of 30, Zolpidem 10mg one tablet daily with a quantity of 30, Clonazepam 1mg one tablet twice a day with a quantity of 60, and Propranolol 20mg one tablet twice a day with a quantity of 60, noting the California Medical Treatment Utilization Schedule, Chronic Pain Management Guidelines; Official Disability Guidelines, Pain Chapter; and FDA package insert.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 100mg # 30: Overturned

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 FDA.gov Pristiq.

Decision rationale: Per FDA.gov "Pristiq, a serotonin and norepinephrine reuptake inhibitor (SNRI), is indicated for the treatment of major depressive disorder (MDD). The efficacy of Pristiq has been established in four short-term (8-week, placebo-controlled studies) and two maintenance studies in adult outpatients who met DSM-IV criteria for major depressive disorder." The treating physician requested the below listed medications noting that Pristiq was helpful with the injured worker's depression in the past. The request for Pristiq 100mg # 30 is medically necessary for the treatment of depressive symptoms in this case especially in the light of good response in the past.

Abilify 2mg # 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) Mental Illness & Stress Atypical Antipsychotics, Abilify.

Decision rationale: ODG states "Abilify is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." The request for Abilify 2mg # 30 is not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG.

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: Mental Illness & Stress Topic: Insomnia treatment.

Decision rationale: MTUS is silent regarding this issue ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, and Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The request for Zolpidem 10mg # 30 is not medically necessary as this medication is not indicated for use beyond 7-10 days.

Clonazepam 1mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "Benzodiazepines are 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." The injured worker is being prescribed Clonazepam on an ongoing basis with no plan of taper. Thus, the request for Clonazepam 1mg # 60 is excessive and not medically necessary since the guidelines recommend the use to be limited to 4 weeks only.

Propranolol 20mg # 60: 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 FDA.gov- Propranolol.

Decision rationale: Inderal (Propranolol hydrochloride) is a synthetic beta-adrenergic receptor blocking agent and is approved by the FDA for treatment of Hypertension, Angina Pectoris Due to Coronary Atherosclerosis, Atrial Fibrillation, Myocardial Infarction, Migraine, Essential Tremor, Hypertrophic Subaortic Stenosis and Pheochromocytoma. The use of Propranolol in this case seems to be off label for treatment of anxiety symptoms. The continued off label use is not

clinically indicated. Thus, the request for Propranolol 20mg # 60 is excessive and not medically necessary.