

Case Number:	CM15-0212132		
Date Assigned:	11/02/2015	Date of Injury:	12/02/2004
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/28/2015

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: Pennsylvania
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:

The injured worker is a 61 year old female who sustained an industrial injury December 2, 2004. Past history included sacroilitis, post-laminectomy syndrome, lumbar, lumbosacral neuritis, and hypertension. According to a nurse practitioner's clinic visit notes dated September 25, 2015, the injured worker presented for psychiatric update and medication refill. Current medication included Pristiq, Abilify, Lunesta, and Klonopin (a physician's report dated July 12, 2015 documented that Pristiq, Abilify, and Lunesta were not authorized and she has now been off the medication for a week. She reported more agitation and her sleep is worse). She complains of chronic pain in her legs with difficulty walking. She reports she is pending an MRI. Objective findings included alert and oriented to person, place and time; clean neat and dressed appropriately; ambulates slowly with steady gait; affect stable; denies suicide or thoughts of wanting to harm herself or others; no auditory or visual hallucinations; thought process linear. The nurse practitioner reported she is tapering the injured worker from Klonopin, each month by 5 tablets and is tolerating it without adverse effects. Diagnoses are major depression; insomnia; anxiety. At issue, is the request for authorization, dated October 8, 2015, for Abilify and Lunesta. According to utilization review dated October 15, 2015, the requests for Abilify 5mg (1) tablet (PO) by mouth daily #30, (1) Refill and Lunesta 3mg (1) tablet PO by mouth (QHS) at hour of sleep #30, (1) Refill were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg 1 tab by mouth daily #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Atypical antipsychotics; Aripiprazole (Abilify).

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 and stress/ Aripiprazole (Abilify).

Decision rationale: According to the ODG, Abilify is "Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia." "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." The 9/25/15 psychiatric nurse practitioner progress note indicates this worker is being treated with both Pristiq and Abilify for depression. There is minimal documentation of assessment of depression in this note. The mental status exam states that the affect is stable. There is no assessment of depression with Pristiq alone in the available medical record upon which to base necessity of an adjunct medication such as Abilify, nor is there any documentation of response to Abilify as an adjunct medication. The medical record available indicates she has increased problems with depression without antidepressant medication but does not sufficiently support the need for both Pristiq and Abilify. Therefore, the request is not medically necessary.

Lunesta 3mg 1 tab by mouth ever night at bedtime #30 with 1 refill: 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, Eszopicolone (Lunesta).

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 and stress/ Eszopicolone (Lunesta).

Decision rationale: According to the ODG, Lunesta is "not recommended for long-term use, but recommended for short-term use." "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. 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 concern that they may increase pain and depression over the long-term." This worker is in the chronic phase of pain. Furthermore, the FDA recommended starting dose for women is 1 mg. There is no documentation in the record of a trial of a lower starting dose or justification for a 3 mg dose. Therefore, the request is not medically necessary.