

Case Number:	CM15-0043987		
Date Assigned:	03/16/2015	Date of Injury:	11/14/2006
Decision Date:	05/06/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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: Illinois

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 57-year-old female who reported an injury on 11/14/2006. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with major depression and generalized anxiety. On 01/15/2015, a progress note was submitted indicating that the injured worker was stable on a combination of Viibryd 40 mg, Abilify 5 mg, Ativan 1 mg and Ambien CR 12.5 mg. Immediate authorization of the above mentioned medication regimen was requested. In addition, initiation of individual psychotherapy was also recommended. There was no comprehensive psychological examination provided for this review. A request for authorization form was submitted on 01/29/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg (year) QTY: 1: 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), Treatment in Workers' Comp, 2012, Online, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia disorder. The injured worker has utilized the above medication since 07/2014. The guidelines would not support long term use of hypnotic medication. In addition, there was no evidence of a failure of non-pharmacologic treatment for insomnia prior to the initiation of a prescription product. There is also no frequency or quantity listed in the request. Given the above, the request is not medically appropriate.

Psychology Weekly QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy. Treatment is recommended as an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks, including individual sessions may be appropriate. In this case, there was no documentation of a comprehensive psychological examination. In addition, the request for 12 sessions of psychological therapy exceeds guideline recommendations. As such, the request is not medically appropriate.

Viibryd 40mg (Year) QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Vilazodone (Viibryd).

Decision rationale: The California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but have been recommended as a rule in treating secondary depression. The Official Disability Guidelines state Viibryd is not recommended as a first line option for pain. It is recommended for PTSD and major depressive disorder. According to the documentation provided, the injured worker does maintain a diagnosis of major depression. However, the injured worker has also utilized the above medication since 07/2014. There is no mention of functional improvement despite the ongoing use of this medication. There is also no

specific frequency or quantity listed in the request. Given the above, the request is not medically appropriate.

Abilify 5mg (Year) QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Mental Illness & Stress, Atypical antipsychotics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mental Illness & Stress Chapter, Aripiprazole (Abilify).

Decision rationale: The Official Disability Guidelines state Abilify is not recommended as a first line treatment. It is an antipsychotic medication recommended as a first line psychiatric treatment for schizophrenia. The injured worker does not maintain a diagnosis of schizophrenia. Therefore, the medical necessity for the requested medication has not been established. The request as submitted also failed to indicate a specific frequency and quantity. As such, the request is not medically appropriate.

Ativan 1mg (Year) QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. The injured worker has continuously utilized benzodiazepine medication since 07/2014. While it is noted that the injured worker maintains a diagnosis of generalized anxiety, there was no mention of functional improvement. The guidelines do not support long term use of benzodiazepines. The request as submitted also failed to indicate a specific frequency and quantity. As such, the request is not medically appropriate.

Topamax 25mg (Year) QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines, Topiramate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: The California MTUS Guidelines state Topamax has been shown to have variable efficacy with a failure to demonstrate efficacy in neuropathic pain of central etiology. It

is considered for use for neuropathic pain when other anticonvulsants have failed. In this case, there was no documentation of a failure of first line anticonvulsants prior to the initiation of Topamax. Additionally, the injured worker has continuously utilized the above medication since 07/2014. There was no mention of functional improvement. In addition, there was no frequency or quantity listed in the request. As such, the request is not medically appropriate.