

Case Number:	CM15-0049099		
Date Assigned:	03/20/2015	Date of Injury:	09/12/2004
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/16/2015

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 48-year-old female who sustained an industrial injury on September 12, 2004. The injured worker was diagnosed with lumbosacral spondylosis, sacroiliitis, morbid obesity, depression, panic disorder with agoraphobia and sleep disturbance. The latest orthopedic diagnostic study was a lumbar spine magnetic resonance imaging (MRI) performed on February 23, 2015. The injured worker is under the care of a psychiatrist as part of her work related disability. According to the treating physician's progress report on February 17, 2015, the injured worker continues to experience chronic low back pain which exacerbates her depression. Her diagnosis of obstructive sleep disorder is related to her increased weight and morbid obesity. The injured worker has persistent depressed moods, impaired ability to concentrate and social isolation. She continues to suffer from recurrent panic attacks with agoraphobia according to the progress report. Current medications are listed as Rozerem, Clonazepam, Gabapentin, Oxymorphone, Norco, Soma, Theramine, topical analgesics and Prilosec. Treatment plan consists of medication renewal for Pristiq, Abilify and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 10mg, #30: 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, Aripiprazole.

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." As the injured worker is being treated for recurrent panic attacks with agoraphobia for which Abilify is not indicated. The request for Abilify 10mg, #30 is not medically necessary.

Lunesta 3.0mg, #30: 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.

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

Decision rationale: MTUS is silent regarding this issue. ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. (Walsh, 2007) Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. Dosing: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance. The

drug has a rapid onset of action. (Ramakrishnan, 2007)." Lunesta is not indicated for long term use and the request for Lunesta 3.0mg, #30 is excessive and is not medically necessary.

Pristiq 100mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 105.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- PRISTIQ.

Decision rationale: 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 injured worker has been diagnosed with Major Depressive Disorder, single episode, severe and continues to experience chronic low back pain which exacerbates her depression, has persistent depressed moods, impaired ability to concentrate and social isolation. The request for Pristiq 100mg, #30 is medically necessary.