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| <b>Case Number:</b>   | CM15-0058012 |                              |            |
| <b>Date Assigned:</b> | 04/02/2015   | <b>Date of Injury:</b>       | 04/14/2006 |
| <b>Decision Date:</b> | 06/15/2015   | <b>UR Denial Date:</b>       | 02/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/26/2015 |

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 59 year old male, who sustained an industrial injury on 4/14/06. The diagnoses have included mood disorder due to medical condition, pain disorder associated with psychological factors; rule out post traumatic stress disorder, cervical intervertebral disc displacement without myelopathy, brachial neuritis or radiculitis, displacement of thoracic intervertebral disc without myelopathy, lumbar spinal stenosis, and degeneration of cervical intervertebral disc. Treatment to date has included medications, surgery, diagnostics, pain management, and psychiatric sessions. Currently, as per the physician progress note dated 12/8/14, the injured worker complains of depressed mood, feelings of despair, periodic thoughts of giving up, but no definitive suicide plan. He reports problems with confusion, short term memory and nodding off. The physician noted that he was encouraged to decrease Cymbalta and Abilify due to sedation and Klonopin as needed only for anxiety and panic attacks. It was also noted that he was temporary totally disabled and needs ongoing psychiatric treatment with medications and psychotherapy. The physician requested treatments included Abilify 5 mg #30, Clonazepam 0.5 mg #60, Synthroid 0.025 and Cymbalta 30 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 5 mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**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:** The MTUS did not specifically address the use of abilify, therefore other guidelines were consulted. Per the ODG, Abilify is not recommended as first line treatment, it is an antipsychotic that is approved for schizophrenia, acute mania and as an adjunct second-line therapy for bipolar maintenance and major depression. A review of the injured workers medical records reveal subjective and objective findings of major depression and the use of Abilify as an adjunct to his other antidepressant is justified in this injured worker, therefore the continued use of Abilify 5 mg #30 is medically appropriate and necessary.

**Clonazepam 0.5 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 1 Prevention, Chapter 12 Low Back Complaints.

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

**Decision rationale:** The MTUS does not recommend long term use of benzodiazepines, long term efficacy is unproven and there is a risk of dependence. most guidelines limit use to 4 weeks. tolerance to all of its effects develop within weeks to months, and long term use may actually increase anxiety, a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions. A review of the injured workers medical records reveal a diagnosis of panic attacks and anxiety and this medication is being prescribed on an as needed basis, therefore based on the injured workers clinical presentation the continued use of clonazepam for anxiety and panic attacks on an as needed basis is medically necessary.

**Synthroid 0.025:** 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 Physicians Desk Reference (PDR) / Synthroid (levothyroxine sodium).

**Decision rationale:** The MTUS, ACOEM and ODG did not address the use of synthroid in the injured worker, therefore other guidelines were consulted. Per the PDR, Synthroid is a thyroid replacement hormone used in the treatment of congenital or acquired hypothyroidism of any

etiology, unfortunately a review of the injured workers medical records failed to reveal a clear indication for the use of synthroid and without this information medical necessity is not established.

**Cymbalta 30 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain / Cymbalta Page(s): 14-16.

**Decision rationale:** Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non- neuropathic pain. Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia, it is used off label for neuropathic pain and radiculopathy. A review of the injured workers medical records reveal a complex history of chronic pain with multiple co-morbid psychiatric issues making the continued use of Cymbalta in the treatment of his chronic pain and depression medically necessary and appropriate.