

<b>Case Number:</b>	CM14-0128516		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	04/21/2009
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 36-year-old man who sustained a work related injury on April 21, 2009. Subsequently, he developed chronic back and abdominal pain. In 2009, the patient underwent abdominal and bladder surgery for gunshot wound. In October 22, 2009, he underwent colostomy closure and in 2013 he underwent abdominal surgery for bowel obstruction. According to the progress report dated July 30, 2014, the patient continues to have intermittent abdominal pain, which was managed conservatively with very sparing use of Vicodin. Discontinuation of Abilify and fluoxetine for his post-traumatic stress disorder was recommended. The patient's medications included Abilify, Fluoxetine, and hydrocodone/acetaminophen. His physical examination revealed tenderness noted over the mid line abdominal and right upper quadrant scar. There was also tenderness at the left lower quadrant with deep palpation. Bowel sounds were diminished. The patient ambulated with an antalgic gait and a forward flexed body posture. The patient had a negative slump test bilaterally. The patient was diagnosed with chronic pain syndrome, adhesion of abdominal wall, major depressive disorder, and anxiety. The provider requested authorization for Hydrocodone/ Acetaminophen, Abilify, and Fluoxetine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/ Acetaminophen 5/325mg 2 refills:** 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  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.According to the patient file, he continued to have pain despite the use of high doses of opioids. There is no objective documentation of pain and functional improvement to justify continuous use of high narcotics dose in this patient. There is no documentation of continuous monitoring of adverse reactions and of patient's compliance with her medication. Therefore, the prescription of Hydrocodone/ Acetaminophen 5/325mg is not medically necessary.

**Abilify 30mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Atypical antipsychotics. <http://www.worklossdatainstitute.verioiponly.com/odgtwc/stress.htm>

**Decision rationale:** According to ODG guidelines, atypical antipsychotics such as (Abilify) not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is

no evidence that antipsychotics treat dementia. (APA, 2013) 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. (Jin, 2013)>. There is not enough documentation and evidence to support the use of an atypical antipsychotic for the treatment of patient's condition. The provider should give more rationale for the use of Abilify for the treatment of the patient depression. A comprehensive psychiatric evaluation may be needed to evaluate the patient condition and his medication needs. There is no documented efficacy for previous use of Abilify .Therefore, the request for Abilify treatment is not medically necessary.

**Fluoxetine 20mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Antidepressants for chronic pain. <http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

**Decision rationale:** According to ODG guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Fluoxetine is not a tricyclic antidepressant but a Selective serotonin reuptake inhibitor. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. There is no documentation that the patient failed tricyclic drugs or efficacy of previous use of Fluoxetine. Therefore, the request for Fluoxetine 20mg #30 with 5 refills is not medically necessary.