

<b>Case Number:</b>	CM14-0151708		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/17/2004
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Psychiatry and is licensed to practice in California. 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:

Injured worker is a 53 year old female with date of injury 3/17/2004. Date of the UR decision was 8/20/2014. Injured worker suffered from chronic right upper extremity pain. Documentation stated that the anxiety was better with the medications. It was reported that she was seeing rats and felt that they were crawling on him. Report dated 6/12/2014 was a follow visit in which it was reported that her Major Depressive Disorder and Generalized Anxiety Disorder were stable. It was suggested that acupuncture had been approved. She had been prescribed Abilify 15 mg in the mornings with 2 refills, Cymbalta 60 mg daily with 2 refills, Xanax 0.5 mg as needed with one refill and Hydroxyzine 25 mg three times daily as needed with one refill. Primary treating physician's progress report dated 5/8/2014 stated that she presented with persistent pain in right shoulder and low back. It was suggested that the medications were working but not as well. The medications being prescribed per that report were Tramadol, Relafen, Prilosec, Amitriptyline and Pristiq, Zyprexa. Psychiatrist report dated 11/7/2013 indicated that she was continuing to take Cymbalta, Abilify and Ambien as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 15mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure

Summary last updated 06/12/2014 and the MD Consult Drug Monograph last updated 09/26/2012

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Stres & Mental Illness, Aripiprazole (Abilify)

**Decision rationale:** ODG guidelines state that Aripiprazole (Abilify) is not "recommended as a first-line treatment. Abilify (Aripiprazole) is an antipsychotic medication." Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. 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. Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. The injured worker has been experiencing some problems with blurry vision, high blood sugars per the documentation. Abilify has risk for metabolic side effects and is not indicated for long term use. The request for Abilify 15 mg #30 with 2 refills is not medically necessary.

**Cymbalta 60mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Duloxetine (Cymbalta)

**Decision rationale:** ODG states that Cymbalta is "recommended. Duloxetine (Cymbalta), an inhibitor of serotonin and norepinephrine reuptake, has been approved for the treatment of major depressive disorder." Duloxetine has been shown to be effective in the treatment of first and subsequent episodes of major depressive disorder, and regardless of duration of the current depressive episode. One meta-analysis examining potential gender differences in the efficacy of duloxetine concluded that efficacy did not differ significantly in male and female patients. Cymbalta, an SNRI from Lilly, has been approved by the FDA for both the treatment of depression and the management of pain associated with diabetic peripheral neuropathy. Report dated 6/12/2014 was a follow visit in which it was reported that her Major Depressive Disorder and Generalized Anxiety Disorder were stable with medications. The request for Cymbalta 60mg #30 with 2 refills is medically necessary.

**Xanax 0.5mg #20 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 05/15/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications, Page(s): 24, 124,.

**Decision rationale:** MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Xanax on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Xanax 0.5mg #20 with 1 refill is not medically necessary.

**Hydroxyzine 25mg 3 x a day #90 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 05/15/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Stress & Mental, Insomnia Treatment

**Decision rationale:** Hydroxyzine is an antihistamine medication. It is used for symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested. ODG states "Sedating antihistamines (primarily over-the-counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. This RCT determined that diphenhydramine has been shown to build tolerance against its sedation effectiveness very quickly, with placebo-like results after a third day of use. (Richardson, 2002) Due to adverse effects, the U.S. National Committee for Quality Assurance (NCQA) has included diphenhydramine in the HEDIS (Healthcare Effectiveness Data and Information) recommended list of high-risk medications to avoid in the elderly" The injured worker has been continued on hydroxyzine on an ongoing basis. The documentation suggests that there is some subjective improvement in anxiety level, but there is no documentation regarding objective improvement or the goals of treatment. The request for Hydroxyzine 25mg 3 x a day #90 with 1 refill is not medically necessary.