

<b>Case Number:</b>	CM14-0217409		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/25/2000
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 sustained a work related injury on April 25, 2000, suffering continuous trauma injury while working as a clerk. The injured worker was noted to have had multiple upper limb surgeries including bilateral carpal tunnel release times three, right trigger thumb release in 2008, right cubital tunnel release in 2009, extensor tendon release at the base of the right thumb in 2010, and De Quervain's release 2012. Copies of the surgical reports were not included in the documentation provided. The injured worker underwent oral surgery for failing maxillary and mandibular teeth, on October 31, 2014. The Primary Treating Physician's report dated November 18, 2014, noted the injured worker with pain in the bilateral hands/wrists, elbows, shoulders, and neck, described as constant, sharp, hot-burning, numbing, pins and needles, and throbbing. The injured worker described the pain as a 4/10 on a pain scale of 0-10, improved with medications. The Physician noted that medications provided excellent analgesia and allowed independent functioning. Physical examination was noted to show subluxation of the right ulnar nerve at the cubital tunnel with repetitive flexion and extension of the elbow, pain with palpation of the dorsum of the thumbs, and positive impingement of the right shoulder. The diagnoses were listed as anxiety state, brachial neuritis or radiculitis, chronic fatigue syndrome, lateral epicondylitis of the elbow, radial tenosynovitis, and unspecified myalgia and myositis. The Physician requested authorization for one prescription of Xanax 1mg #90, one prescription of Fentanyl Citrate pops 1000mcg with DM 2mg per pop #30, an unknown prescription of Abilify, one prescription of Norco 10/325mg #210, one prescription of Adderall 30mg #60, and an unknown prescription of Pristiq. On December 17, 2014, Utilization Review evaluated the

request for one prescription of Xanax 1mg #90, one prescription of Fentanyl Citrate pops 1000mcg with DM 2mg per pop #30, an unknown prescription of Abilify, one prescription of Norco 10/325mg #210, one prescription of Adderall 30mg #60, and an unknown prescription of Pristiq, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG), Mental Illness & Stress. The request for one prescription of Adderall 30mg #60, and an unknown prescription of Pristiq were conditionally non-certified and ineligible for Independent Medical Review. The UR Physician certified the request for one prescription of Fentanyl Citrate pops 1000mcg with DM 2mg per pop #30. The UR Physician noted there was no indication to continue Xanax beyond guideline recommendations and therefore weaning was warranted, and had been previously modified to #33 tablets for weaning. The UR Physician noted the provider had ample time to wean the injured worker from the Xanax with the weaning regimen expected to be completed, therefore the request for one prescription of Xanax 1mg #90 was non-certified. The UR Physician noted that Abilify was not recommended as a first line treatment and that it had been previously non-certified and therefore weaning was not necessary. The UR Physician noted that based on the guideline recommendations, the request for an unknown prescription of Abilify was non-certified. The UR Physician noted that proceeding with Norco did not appear appropriate at that time as there was a documented history of the injured worker taking the medication at #300 tablets without significant objective findings of benefit. The UR Physician noted multiple attempts to wean the medication dating back to 2013, that the Norco was modified to #180 tablets in a previous review, and that continuation of that taper was appropriate, therefore the request for one prescription of Norco 10/325mg #210 was modified to allow for #144 tablets for weaning purposes, with the remaining #66 tablets non-certified. The decisions were subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **(1) Prescription of Xanax 1mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The patient was prescribed Xanax in the past and there is no justification to continue the medication. There is no recent documentation of insomnia related to pain in this case. Therefore the use of Xanax 1 mg is not medically necessary.

**Unknown prescription of Abilify: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. (Spielman, 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 anxiety/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.

**(1) Prescription of Norco 10/325mg #210: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management.

**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, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #210 is not medically necessary.