MAXIMUS Federal Services

| Case Number: | CM15-0018450 | | |
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| Date Assigned: | 02/06/2015 | Date of Injury: | 07/16/2000 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 01/30/2015 |

## 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 female patient, who sustained an industrial injury on 07/16/2000. A psychiatry visit dated 12/12/2014 applied the following diagnoses; pain disorder associated with both psychological factors and general medical condition; post traumatic stress disorder, chronic type; major depressive episode, severe with possible psychosis and rule out Opioid dependence. With further note stating the major depression is work-related, but the post traumatic stress is related to a history of sexual abuse. She remains disabled totally psychiatrically and is prescribed the following Abilify, Cymbalta, Gabapentin and Trazadone. A request made on 12/18/2014 for medicaitons Abilify, Duloxetine and Trazadone. On 12/30/2014 Utilization Reveiw non-certified the request, noting the ODG, Abilify and CA MTUS Anti-depressant, Chronic Pain were cited. The injured worker submitted an application on 01/30/2015 for independent medical review of services requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify Tab 30mg # 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

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

**Decision rationale:** Abilify is FDA approved for use in Schizophrenia, Bipolar Disorder, for Major Depressive Disorder as an adjunct to antidepressants for the treatment of MDD 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. (Khanna, 2014) 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. (FDA, 2014)Abilify is an atypical antipsychotic medication and is not recommended for conditions covered in ODG. The request for Abilify Tab 30mg # 30 is excessive and not medically necessary.

**Duloxetine Cap 60mg # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta, Antidepressants Page(s): page(s) 15, 114. Decision based on Non-MTUS Citation Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder)

**Decision rationale:** Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain.Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%).MTUS states "SSRIs (selective serotonin reuptake inhibitors)-Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronicpain."ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (AmericanPsychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects."The injured worker suffers from chronic pain and

psychological symptoms secondary to the same. The last progress available is dated 12/12/2014 which lists the following diagnoses; pain disorder associated with both psychological factors and general medical condition; posttraumatic stress disorder, chronic type(non industrial); major depressive episode, severe with possible psychosis(industrial) and rule out Opioid dependence. The request for Duloxetine Cap 60mg # 60 is medically necessary for continued treatment.

**Trazodone Tab 150mg # 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Ilness & Stress Trazodone (Desyrel)

**Decision rationale:** Per ODG, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. (Mendelson, 2005)The request for Trazodone Tab 150mg # 30 is medically necessary for continued treatment of depression and insomnia in this case.