

Case Number:	CM15-0118888		
Date Assigned:	06/29/2015	Date of Injury:	01/13/2006
Decision Date:	08/06/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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 52 year-old female who sustained an industrial injury on 01/13/06. Initial complaints and diagnoses are not available. Treatments to date include an epidural steroid injection, medications, and a TENS unit. Diagnostic studies include a cervical spine MRI. Current complaints include neck and low back pain. Current diagnoses include cervical and lumbar radiculopathy, right shoulder pain, fibromyalgia, osteoarthritis of the right hip, anxiety, depression, dyspepsia and non-steroidal intolerance. In a progress note dated 05/08/15 the treating provider reports the plan of care as trigger point injections in the date of service, Celebrex, and home exercise program, as well as a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 2mg #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 (ODG), Mental Illness & Stress, Aripiprazole (Abilify).

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 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) The request for Abilify 2mg #30 is not medically necessary. Abilify is recommended as an adjunct to antidepressants for the treatment of MDD. However, there is no documentation regarding functional improvement with the ongoing use of this medication. Thus, the request for Abilify 2 mg #30 is not medically necessary at this time.

Dalmane 15mg #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 (ODG), Mental Illness & Stress, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124. Decision based on Non-MTUS Citation FDA.gov: Dalmane (flurazepam).

Decision rationale: Per FDA.gov: Dalmane (flurazepam) is a hypnotic agent useful for the treatment of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakening. Dalmane (flurazepam) can be used effectively in patients with recurring insomnia or poor sleeping habits, and in acute or chronic medical situations requiring restful sleep. Sleep laboratory studies have objectively determined that Dalmane (flurazepam) is effective for at least 28 consecutive nights of drug administration. Since insomnia is often transient and intermittent, short-term use is usually sufficient. Prolonged use of hypnotics is usually not indicated and should only be undertaken concomitantly with appropriate evaluation of the patient. 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. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Dalmane 15mg #30 is not medically necessary as benzodiazepines are not indicated for ongoing use.

