

<b>Case Number:</b>	CM15-0079252		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	01/03/2005
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 44 year old male, who sustained an industrial injury on 01/03/2005. According to a progress report dated 04/11/2015, the injured worker complained of radicular pain that was causing difficulties with ambulation. Psychiatric symptoms included posttraumatic stress disorder, flashbacks, nightmares, inability to obtain restful sleep, depressed mood, loss of interests and pleasure, anger, irritability, sleep and appetite disturbance, impaired ability to concentrate and feelings of helplessness and hopelessness. Activities of daily living were difficult and performed very slowly due to his fragile back. He was benefiting from outpatient psychotherapy. Diagnoses included major depression single episode, posttraumatic stress disorder chronic, spinal stenosis and lumbar discitis and diabetes mellitus type II. Treatment plan included Pristiq, Abilify, Prazosin, Lorazepam and Trazodone. Medications from other providers included Percocet, Robaxin and Gabapentin. Discontinued medications included Quetiapine, Cymbalta and Fluoxetine. The injured worker was temporarily totally disabled. Currently under review is the request for Pristiq, Abilify, Prazosin and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pristiq 50 Mg #30 With 2 Refills:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder) and Other Medical Treatment Guidelines FDA.gov-PRISTIQ -(desvenlafaxine).

**Decision rationale:** PRISTIQ - (desvenlafaxine) is a prescription medication approved for the treatment of major depressive disorder in adults. 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. (American Psychiatric 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 has been diagnosed with major depression single episode and posttraumatic stress disorder chronic. The request for Pristiq 50 mg #30 with 2 refills is medically necessary for the ongoing treatment of Major Depressive Disorder in this particular case.

**Abilify 10 mg #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 Official Disability Guidelines (ODG), 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) and Other Medical Treatment Guidelines FDA. Gov- 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 injured worker has been diagnosed with Post Traumatic Stress Disorder and Major depressive Disorder. The request for Abilify 10 mg #30 with 2 refills is excessive and not medically necessary, as there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Request for a three-month supply of this medication is not clinically indicated and is not medically necessary.

**Prazosin 1 mg #120 2 refills:** 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), Prazosin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- Prazosin Pub med- Prazosin for nightmares.

**Decision rationale:** Prazosin hydrochloride capsules USP are indicated for the treatment of hypertension, to lower blood pressure. There is evidence to support the notion that Prazosin is effective for PTSD nightmares. However, PTSD-related nightmares often do not resolve completely on a low dose of Prazosin. The capacity of Prazosin to treat daytime symptoms of PTSD which are distressing to patients has not been well studied. The evidence suggests some benefit of Prazosin for PTSD related nightmares. However, the medication is not FDA approved for the same at this time. The use of Prazosin for PTSD is off label. The UR physician authorized one month supply of the medication. The request for Prazosin 1 mg #120 2 refill i.e. a three month supply is excessive and not medically necessary.

**Trazodone 50 mg #60 2 refills:** 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), Trazodone.

**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 Trazodone (Desyrel).

**Decision rationale:** Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. See also Fibromyalgia in the Pain Chapter, where trazodone was used successfully in fibromyalgia. 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. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. To date, there has been only one randomized, double blind, placebo-controlled trial studying trazodone in primary insomnia. It was observed that relative to placebo, patients reported significant improvement in subjective sleep latency, sleep duration, wake time after sleep onset, and sleep quality with trazodone and zolpidem during week one, but during week two the trazodone group did not differ significantly from the placebo group whereas the zolpidem group demonstrated significant improvement compared to placebo for sleep latency and sleep duration. (Walsh, 1998) The AHRQ Comparative Effectiveness Research on insomnia concludes that trazodone is equal to zolpidem. (AHRQ, 2008) Evidence for the off-label use of trazodone for treatment of

insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. 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) Therefore, the request for Trazodone 50 mg #60 2 refills is not medically necessary.