

<b>Case Number:</b>	CM15-0093476		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	04/25/2003
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old female, who sustained an industrial injury on 4/25/2003. The current diagnoses are major depressive disorder, first episode and status post injury to lumbar spine and bilateral knees. According to the progress report dated 4/13/2015, the injured worker complains of feeling sad and depressed, although not as severe as during her last evaluation. Her mental status examination reveals a sad mood with a dysphoric, tearful affect. The current medications are Vibryd, Abilify, and Restoril. Treatment to date has included medication management and psychiatric care. The plan of care includes prescriptions refill for Abilify and Restoril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 6mg (2mg x 3) quantity 90 with one refill:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness

& Stress Aripiprazole (Abilify) (2) Mental Illness & Stress Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2003 with injury to the low back and knees. She is being treated for major depressive disorder. Medications being prescribed include Abilify, Restoril, and Viibryd. When seen, she was having pain rated at 7.5-8/10. There had been a 100-pound weight gain since injury. Aripiprazole (Abilify) is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not recommended as a first-line treatment. In this case, the claimant is already taking Viibryd and continues to be treated with a diagnosis of major depressive disorder. Therefore, Abilify was medically necessary.

**Restoril 15mg quantity 30:** Upheld

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

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in April 2003 with injury to the low back and knees. She is being treated for major depressive disorder. Medications being prescribed include Abilify, Restoril, and Viibryd. When seen, she was having pain rated at 7.5-8/10. There had been a 100-pound weight gain since injury. Restoril (temazepam) is a benzodiazepine used to treat insomnia symptoms. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. Therefore, the ongoing prescribing of Restoril is not medically necessary.