

Case Number:	CM13-0002790		
Date Assigned:	12/11/2013	Date of Injury:	12/28/2007
Decision Date:	01/22/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational and Environmental Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 Patient strained his right elbow on December 20, 2007. There is a note from a psychiatrist dated April 25, 2013 (incorrect dates) stating that the patient was seen on June 20, 2013. The notes to the patient claimed his psychiatric medicine was helpful. This included the increase in escitalopram on 5/22/13. The note states the patient will need the meds indefinitely. There is a psychiatry consult note on 4/2013 stating the patient has issues with sleep. Notes indicate that the patient's alcohol use interferes with an adequate assessment of his medications. The AME report indicates that major depressive disorder has not been diagnosed for this patient. The patient's diagnoses include joint pain in the upper arm and shoulder, anxiety states, depression

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvgil 250mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Section.

Decision rationale: This medication is not medically necessary. CA MTUS does not address Nuvgil. ODG pain section states that if Nuvgil is being used for decrease in opiate sedation,

decrease in opiate medication should first be attempted. There is no documentation that this has been attempted and there is no reason given in the records to go against current guidelines. In addition, there is an AME report dated 11/8/2013 indicating the patients use of Nuvgil cannot be understood with the patients use of alcohol. Therefore the medication is not medically necessary.

Abilify 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental and Stress chapter.

Decision rationale: This medication is not medically necessary. CA MTUS does not address abilify. ODG mental and stress chapter classifies abilify as an atypical antipsychotic used as an adjunct to antidepressants. The guides do not recommend atypical antipsychotics, as they have been shown not to have the reduction in depression as previously thought. "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."