

<b>Case Number:</b>	CM13-0010006		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. The expert reviewer is Board Certified in Family 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 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/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 injured worker is a 32 year old male who sustained an injury on 05/01/10 when he slipped and fell approximately 20 feet. The injured worker sustained multiple injuries to the upper extremities neck and low back. The injured worker was also followed for multiple psychological complaints. The injured worker had surgery for the left wrist. The injured worker underwent left carpal tunnel release on 05/03/13. The injured worker was provided cognitive behavioral therapy throughout 2013. The injured worker was also assessed with trigeminal neuralgia in September of 2013. As of 10/05/13 medications included Abilify 5mg. The injured worker had a side effect from cyclobenzaprine which was discontinued. As of 12/06/13 the injured worker was utilizing alprazolam .25mg, amitriptyline 25mg, unspecified antidepressant, clonazepam .5mg, cyclobenzaprine 10mg, Norco 5/325mg, and Sertraline 100mg. Physical examination was essentially unremarkable. The injured worker had a prior 5150 hold in October of 2013 due to Qualified Medical Evaluation concerns regarding safety of the injured worker and family. The injured worker was seen for a neurological examination on 01/15/14 in which he continued to describe complaints of pain in the left wrist and hand. The injured worker also described ongoing headaches and continuing neuropsychological issues. Psychiatric medications were being managed by treating physician. Physical examination noted some limited range of motion in the cervical spine. There was guarding in the left hand with limited grip strength due to pain. Grip strength was limited to less than ten pounds in the left hand due to pain. There was some noted muscle atrophy in the left hand and wrist. No allodynia was identified. The injured worker was seen by treating physician on 01/22/14. The injured worker was pending further psychotherapy and cognitive skills training. The injured worker was also pending an H-wave unit trial and further psychiatric consultations. The injured worker continued to be utilizing Abilify 5mg two tablets daily which improved depression and auditory and visual hallucinations and suicidal

ideation. The injured worker reported increasing amounts of anxiety and depression due to the lack of recent psychotherapy visits. The requested unspecified dosage and quantity of an antipsychotic medication was denied by utilization review on unspecified date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ANTIPSYCHOTIC MEDICATION, UNSPECIFIED DOSAGE AND QUANTITY:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Stress Related Conditions, page 13, 1062-1068..

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

**Decision rationale:** The request is not specific as to what antipsychotic medication has been recommended for this injured worker. The record notes that the injured worker utilized Abilify in the past as well as Sertraline. There is no specific mention of any other antipsychotic medications for this injured worker. Given the generic request without specific dosage and quantity, there is insufficient information to support medical necessity in this case.