

Case Number:	CM13-0040013		
Date Assigned:	12/20/2013	Date of Injury:	01/19/2011
Decision Date:	03/17/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/08/2013

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 Psychiatry and Neurology 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:

According to the records made available for review, this is a 31-year-old male with a 1/19/11 date of injury. At the time of request for authorization for Abilify 5mg times six (6) months, Zolpidem 5mg times six (6) months, and Fluoxetine 30mg times six (6) months, there is documentation of subjective (chronic pain and depression with auditory hallucinations and difficulty sleeping) and objective (tenderness in the cervical paravertebral musculature, tenderness at the lumbosacral musculature, limited range of motion in the lumbar spine with pain, tenderness to palpation bilaterally at L4-5 and L5-S1, and positive straight leg raise with decreased sensation in the L5 and S1 dermatomal distribution) findings, current diagnoses (major depression, chronic pain syndrome associated with both psychological factors and a general medical condition), and treatment to date (medication, TENS unit, and activity modification). The 9/3/13 medical report indicates that Beck depression inventory testing revealed a score of 33, which is consistent with severe depression. There is no documentation of Schizophrenia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg times six (6) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/abilify.html>.

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 & Stress Chapter, Aripiprazole (Abilify).

Decision rationale: The Official Disability Guidelines indicate that documentation of a diagnosis of Schizophrenia, as the criteria necessary to support the medical necessity of Aripiprazole (Abilify). Within the medical information available for review, there is documentation of major depression, chronic pain syndrome associated with both psychological factors and a general medical condition. However, there is no documentation of a diagnosis of Schizophrenia. Therefore, based on guidelines and a review of the evidence, the request for Abilify 5mg times six (6) months is not medically necessary.

Zolpidem 5mg times six (6) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem

Decision rationale: The Official Disability Guidelines indicate that Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of major depression, chronic pain syndrome associated with both psychological factors and a general medical condition, and insomnia. However, given documentation of a request for Zolpidem 5mg times six (6) months, there is no documentation of an intention to treat over a short course. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Fluoxetine 30mg times six (6) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors (SSRIs) Page(s): 16.

Decision rationale: The Chronic Pain Guidelines indicate that Selective Serotonin Reuptake Inhibitors (SSRIs) are not recommended as treatment for chronic pain, but may have a role in treating secondary depression. Additionally, the guidelines indicate that SSRI's are controversial based on controlled trials, where it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain, but more information is needed regarding the role of SSRI's and pain. Within the medical information available for review, there is documentation of major depression and chronic pain syndrome associated with both psychological factors and a general medical condition. However, despite documentation of

major depression, there is no clear documentation of secondary depression. Therefore, based on guidelines and a review of the evidence, the request for Fluoxetine 30mg times six (6) months is not medically necessary.