

Case Number:	CM13-0043184		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2009
Decision Date:	04/25/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine and Pulmonary Diseases 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 patient is a 39-year-old male who reported an injury on 02/16/2009. The patient was reportedly working on a 10 foot ladder using 2 pipe wrenches when he pressed the wrenches together and felt a pop in his neck. The patient is currently diagnosed with chronic neck pain, degenerative spondylosis of the cervical spine with a radicular component into the right upper extremity, chronic bilateral shoulder pain secondary to degenerative osteoarthritis, chronic low back pain secondary to degenerative spondylosis and chronic pain disorder associated with psychological factors and a general medical condition. The patient was evaluated by [REDACTED] on 10/04/2013. The patient was actively participating in a HELP program. Current medications included Suboxone, Gabapentin, Naproxen, Tizanidine, Diazepam, Trazodone, Nortriptyline, Abilify, Lidoderm, Clonidine, Tylenol and Zofran. The patient was not reporting any symptoms of withdrawal with the current medication regimen. Memory and cognition were grossly intact, and there was no evidence of psychomotor agitation or psychotic features. The treatment recommendations at that time were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABILIFY 5MG, ONE TABLET .QHS (AT BED TIME): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug.

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, ARIPIRAZOLE (ABILIFY).

Decision rationale: The Official Disability Guidelines state that Abilify is not recommended as a first-line treatment. Antipsychotics are the first-line psychiatric treatment for schizophrenia. As for the documentation submitted, there is no evidence of psychotic behavior. The patient does not maintain a diagnosis of schizophrenia. There was no documentation of a failure to respond to first-line treatment prior to the initiation of an antipsychotic medication. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.

LIDODERM 5% PATCH ,12 HOURS ON AND 12 HOURS OFF PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, there is no evidence of a physical examination provided for this review. Therefore, there is no indication of neuropathic or localized peripheral pain. There was also no evidence of a failure to respond to a trial of first-line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.