

Case Number:	CM13-0056474		
Date Assigned:	12/30/2013	Date of Injury:	03/26/2001
Decision Date:	05/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/22/2013

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 Osteopathic Manipulative Medicine, and is licensed to practice in Arizona. 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:

This is a 55-year-old with a history of an injury to his lumbar region while lifting/moving a 100 pound DVD cabinet on March 26, 2001. Since then the patient has undergone both a lumbar and cervical spinal fusion (in 2007 and 2006, respectively) and developed bilateral chronic shoulder pain that have undergone arthroscopy. The patient developed depression and anxiety as a result of his pain and inability to work since his injury. His depression worsened to the point of being diagnosed with Major Depression Disorder. He was put on a selective serotonin reuptake inhibitor (SSRI) and subsequently had additional psychotropic medications to treat his depression prescribed by his psychiatrist. Abilify was added in September of 2012 to treat his major depression and has been used since. Additionally, he is currently taking two differing anxiolytic medications to treat his anxiety (Soma and Xanax). In addition to depression, the patient's chronic pain has led to difficulty in sleeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABILIFY 2 MG, THIRTY COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 17, 24, 29, 65, 68, 79 - 81, and 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: No guideline exists regarding the use of Ability within the MTUS guidelines. FDA approved for schizophrenia, bipolar disorder, adjunctive treatment of major depressive disorder, irritability associated with autistic disorder and agitation associated with schizophrenia or bipolar disorder. The patient's diagnosis of major depressive disorder diagnosis is within the parameters for the use of Abilify. The request for Abilify 2mg, thirty count, is medically necessary and appropriate.

AMBIEN 10MG, SIXTY COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 17, 24, 29, 65, 68, 79 - 81, and 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: No guideline exists regarding the use of Ambien within the MTUS guidelines. It is FDA approved as a sleeping agent. The patient has a multi-year history of sleeping disturbance resultant from his chronic cervical and lumbar pain and has been on this medication since September 2012. The request for Ambien 10mg, sixty count, is medically necessary and appropriate.

XANAX 0.5MG, 120 COUNT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: No guideline exists regarding the use of Alprazolam within the MTUS guidelines. It is FDA approved as a sleeping agent. The patient has a multi-year history of anxiety resultant from his chronic cervical and lumbar pain and has been on this medication since August 2012. The request for Xanax 0.5mg, 120 count, is medically necessary and appropriate.

SOMA, TWICE DAILY AS NEEDED FOR SPASM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Carisoprodol (Soma®®, Soprodoal 350TM, Vanadom®®, generic available) neither of these formulations is recommended for longer than a two to three week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule intravenous (IV)

controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is to generalize sedation as well as a treatment for anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. The guideline recommends the use of this class of medication for short term use, however the patient already uses another anxiolytic medication to treat his anxiety. The request for Soma, twice daily as needed for spasm, is not medically necessary or appropriate.