

Case Number:	CM14-0002540		
Date Assigned:	03/03/2014	Date of Injury:	09/23/1995
Decision Date:	06/16/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation 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 47 year old female who reported an injury on 09/23/1995. The diagnoses included Pickwickian syndrome, depression, failed back surgery syndrome, and poor functional status secondary to her pain. The injured worker was evaluated on 11/27/2013 for reports of ongoing severe low back pain. The exam noted pain level at 8/10 and the injured worker is morbidly obese. The exam noted the need for the injured worker's husband to stay home and provide care for her. The treatment plan included continued medication therapy and a home health aide. The request for authorization dated 12/09/2013 is in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABILIFY 15MG #30 WITH 3 REFILLS: 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/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).

Decision rationale: The Official Disability Guidelines do not recommend using Abilify as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend

atypical antipsychotics for conditions covered in the ODG. There is a lack of clinical evidence of any of the diagnoses Abilify is recommended for. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.

HOME HEALTH CARE 4HRS DAILY, 5 DAYS A WEEK FOR 6 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: The MTUS Chronic Pain Guidelines recommend home health care only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The exam noted home health care is needed for showering, toileting and dressing. Therefore, the request is not medically necessary and appropriate.