

Case Number:	CM14-0019366		
Date Assigned:	04/21/2014	Date of Injury:	09/29/2000
Decision Date:	07/02/2014	UR Denial Date:	01/19/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 55 year old female who sustained an injury on 9/29/00. The mechanism of injury was not noted in the medical records provided for review. The injured worker described multiple complaints, including right knee pain, low back pain, and carpal tunnel syndrome to the left hand. The injured worker had prior surgical interventions, including right total knee arthroplasty and left carpal tunnel release in 2013. The injured worker was recently referred for physical therapy which continued through March of 2014. The injured worker was also noted to have reported depression and anxiety symptoms secondary to chronic pain. Medications included Trazodone for sleep and Wellbutrin for depression and anxiety. The injured worker was being followed by [REDACTED] following the carpal tunnel release in 2013. Based on the clinical records by [REDACTED], the injured worker was prescribed Abilify to further address anxiety and depression symptoms. The clinical record dated 3/3/14 indicated that the injured worker was utilizing Wellbutrin, Cymbalta, and Restoril. The injured worker was recommended to continue with physical therapy at this visit. The most recent evaluation by [REDACTED] on 4/15/14 noted continued complaints of pain in the left hand with associated burning and throbbing. On physical examination there was positive Tinel's sign at the left hand. In the lumbar spine, there was moderate tenderness to palpation at the pelvic rim and to the midline. There was moderate left sciatic notch tenderness and loss of lumbar lordosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ABILIFY 15MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 13-16.

Decision rationale: There was not a sufficient rationale in the clinical records to support the use of Abilify. The clinical records noted multiple psychotropic medications for this injured worker, including Trazodone for sleep, Wellbutrin, and Cymbalta. The injured worker was also prescribed Restoril at some point in time. Given the multiple psychotropic medications being prescribed to this injured worker without any indication that the medications were not successful in controlling symptoms, the request cannot be recommended as medically necessary.