

Case Number:	CM14-0110454		
Date Assigned:	08/01/2014	Date of Injury:	05/12/2006
Decision Date:	09/24/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/15/2014

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 and 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 patient is a 46-year-old female who has submitted a claim for psychogenic pain, cervical and lumbar spondylosis, cervical intervertebral disc degeneration/displacement, pathologic vertebral fracture, and primary localized osteoarthritis associated with an industrial injury date of 5/12/2006. The medical records from 11/8/2013 up to 6/4/2014 were reviewed showing continued pain in the lower back, thoracic spine, neck area, bilateral arms, and wrists. The patient has been experiencing pain for 8 years. She reports sudden onset of pain described as constant, sharp, numbing, pressure like, shooting, and stabbing. Pain radiates to bilateral upper extremities, left hand, left fingers, right hand, right fingers, neck, and head. She is unable to grip/grasp. Her pain with medications is at 4/10 allowing her to perform her activities of daily living. Her pain without medications is 8-10/10. Her MSE was not significant. Musculoskeletal examination showed limited ROM in the cervical area, shoulders, and elbow. The treatment to date has included Duragesic 50mcg, Abilify 5mg, Klonopin, Lyrica, Flector, Oxybutynin, Replax, and Cymbalta. A utilization review from 6/27/2014 denied the request for 15 Patches of Duragesic 50mcg/hr and Abilify 5mg #30. Regarding Duragesic, the computed minimal effective dose (MED) for this case was 186mg (120mg for Duragesic and 64mg for Dilaudid) which exceeded the MTUS endorsement of up to 120mg per day. Regarding Abilify, there was insufficient evidence to recommend atypical antipsychotics for work related conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Patches of Duragesic 50mcg/hr: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: As stated on page 78-80 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The use of opioids for chronic low back pain is only recommended for short-term pain relief. Efficacy is unclear (>16 weeks). Opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. In this case, the patient has been using Duragesic patches since at least 11/8/2013. Patient notes reduction of pain with intake of medications from 8-10/10 to 4/10. This enables her to perform ADLs. She reports no side effects. Her UDS is also consistent with prescribed medications. Although the computed MED for this case was 186mg (120mg for Duragesic and 64mg for Dilaudid) which exceeded the MTUS endorsement of up to 120mg per day, this medication is prescribed by a pain specialist. Therefore, the request for 15 patches of Duragesic 50mcg/hr is medically necessary.

Abilify 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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 California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. As per ODG, Aripiprazole is not recommended as a first-line treatment. It 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 ODG. Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. In this case, the patient has been taking Abilify 5mg since at least 11/8/2013. There were no reports of schizophrenia or schizophrenia-like symptoms in the history or mental status examination. In addition, there is insufficient evidence to

recommend atypical antipsychotics for conditions covered in ODG. There is no clear indication for this request. Therefore the request for Abilify 5mg #30 is not medically necessary.