

Case Number:	CM14-0139791		
Date Assigned:	09/08/2014	Date of Injury:	08/03/2001
Decision Date:	10/10/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/28/2014

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 63-year-old male who reported an injury on 08/03/2001. The mechanism of injury was not provided. Prior therapies include multiple cortisone injections. His surgical history included left knee surgery 3 times, right hand surgery 3 times, neck surgery in 2005, a shoulder surgery, back surgery in 2004, and other noncontributory surgeries. The injured worker's current medications were noted to include Lisinopril 40 mg tablets 1 by mouth every day, atenolol 10 mg tablets 1 by mouth every day, amlodipine 10 mg 1 tablet by mouth every day, Famotidine 40 mg 1 tablet by mouth twice a day, Terocin 1 mg 1 tablet by mouth twice a day, Abilify 1 mg 1 tablet by mouth every day, Viibryd 40 mg 1 tablet by mouth every day, and Deplin 15 mg 1 tablet every day. Additionally, a medication, Abilify 5 mg was being taken at night. The documentation of 04/09/2014 revealed the injured worker seemed to be doing overall better and more stable. The injured worker was less anxious and nervous. The affect was appropriate with a content of thinking. The injured worker was noted to be more optimistic about his future. The current medications were noted to be not causing any side effects. The treatment plan included a refill of medications and supportive psychotherapy once a month. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg, Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-404.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness Chapter, Aripiprazole (Abilify)

Decision rationale: The Official Disability Guidelines indicate that Abilify is an antipsychotic medication and is a first line psychiatric treatment for schizophrenia. They further indicate that there is insufficient evidence to recommend atypical antipsychotics for conditions covered in the guidelines. The duration of use could not be established through supplied documentation. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation indicating objective functional benefit that was received from the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Abilify 5mg, QTY 30 is not medically necessary.

Daplin 15mg, Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Daplin

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin B

Decision rationale: The Official Disability Guidelines indicate that vitamin B is not recommended for the treatment of chronic pain. The clinical documentation submitted for review failed to provide documentation of the efficacy for the requested medication. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale to support the use of the medication. Given the above, the request for Daplin 15mg, QTY 30 is not medically necessary.