

Case Number:	CM14-0150228		
Date Assigned:	09/18/2014	Date of Injury:	03/08/2002
Decision Date:	10/23/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 & 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 56-year-old male who reported an injury on 03/08/2002. The mechanism of injury was rolling over in a forklift, injuring his scapula, shoulder, and back. The injured worker has diagnoses of lumbar radiculopathy, depression, anxiety, lumbar post laminectomy, lumbar discogenic pain syndrome, low back pain, vertebral fracture at the L2, pain in the thoracic spine, fracture of the rib of the left side, left scapula fracture, pain of the cervical facet joint, neck pain, and chronic pain syndrome. Past medical treatment consists of surgery, ESIs, physical therapy, and medication therapy. Medications include oxycodone, oxycodone ER, Zanaflex, Neurontin, Zocor, Glucophage, insulin regular, insulin isophane, trazodone, clonazepam, and Abilify. It was noted in the progress note that on 07/14/2014 the injured worker underwent a drug screen. Evidence showed that the injured worker was consistent and compliant with medications. On 09/08/2014, the injured worker complained of back pain. Examination of the cervical spine revealed that the injured worker had 5/5 bilateral upper extremity strength. Sensation was intact. Deep tendon reflexes were 1+ and symmetric. Spurling's sign was negative. There was no clonus or increased tone. Hoffmann's sign was negative bilaterally. There was tenderness over the cervical paraspinals and the facet joints at C2-3, C3-4, and C4-5. Cervical spine range of motion was reduced in all planes. Medical treatment plan was for the injured worker to have use of Abilify. A rationale was not submitted for review. The Request for Authorization Form was not 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 #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-Aripiprazole (Abilify)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors), Abilify. Page(s): 107.

Decision rationale: The request for Abilify 5 mg with a quantity of 30 is not medically necessary. The California MTUS states that antidepressants have been shown to be effective in relieving neuropathic pain of different etiologies. While it is shown to have some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, recent review suggested that it is generally a third line medication for diabetic neuropathy and may be considered when patients have not had a response to tricyclic or SNRIs. The submitted documentation did not indicate a rationale as to how the provider felt Abilify would be beneficial to the injured worker's functional deficits. Additionally, antipsychotics (Abilify) are the first line psychiatric treatment for schizophrenia. There was no indication in the submitted documentation that the injured worker had a diagnosis that would be congruent with the guidelines. As such, the request for Abilify 5 mg is not medically necessary.