

Case Number:	CM14-0161823		
Date Assigned:	10/07/2014	Date of Injury:	04/14/2010
Decision Date:	11/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/02/2014

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, has a subspecialty in Pain Medicine 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:

This is a female patient with a date of injury of April 14, 2010. A utilization review determination dated October 1, 2014 recommends non-certification of Abilify 5 mg, Deplin 15 mg, and Metformin 250 mg. A progress note dated September 16, 2014 identifies subjective complaints of using knee stabilizing brace with partial improvement, and the patient is trying to exercise. The patient reports that she is severely depressed and the Fetzima was started with cross titration however she developed tachycardia, hypertension, and tinnitus in the left ear that has abated substantially since discontinuing the Cymbalta, Fetzima, and Mirtazapine. The patient continues to have upper back and neck pain with upper extremity radiculopathy, the right shoulder has continued pain with abduction, right elbow medial pain, low back is problematic with lower extremity radiculopathy, and she is waiting to be scheduled for lumbar epidural when authorized. Botox for the hamstring pain, spasms and weakness will be tried; the patient had excellent benefit with better standing and walking tolerance when she had an anesthetic block which helped reduce spasms. The right knee is manageable. The patient's current pain ranges between a 1/10 and 8/10. The patient improves with rest and therapy. Physical examination identifies tenderness in the right shoulder that increases with abduction of 45 degrees, tenderness in the right medial elbow that increases with minimal grip, tenderness over in the low back, buttock, hamstring, and left lateral posterior thigh with local numbness. The diagnoses include right knee internal derangement, left knee posttraumatic arthritis with the revision x2, left hamstring avulsed and incompetent from falls and tears, right hamstring partial tear, lumbar degenerative disc disease and degenerative joint disease with sprain, left lower extremity sciatica, cervical caps degenerative disc disease, degenerative joint disease, and upper extremity radiculopathy. The treatment plan recommends expedited request for Abilify 5 mg #30 for chronic pain and depression, request for Deplin 15 mg #30 for chronic pain and depression,

Metformin 500 mg #30 to offset elevated blood sugars and increased cardiovascular risks from deconditioning, obtain M-Modal voice transcription to help accommodate the right upper extremity restrictions on keying and grasping, and agree with proceeding with cervical/lumbar epidurals and right shoulder and elbow reconstructions. The treatment plan recommends an expedited request for a lightweight wheelchair and right upper extremity ergonomic improvements as per the Occupational Therapist. The treatment plan also recommends an expedited request for a new nurse case manager.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC (ODG) Mental Illness and Stress Procedure Summary last updated 06/12/2014

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 and Stress Chapter, Aripiprazole (Abilify)

Decision rationale: Regarding the request for Abilify 5mg, California MTUS guidelines do not contain criteria for the use of Abilify. Official Disability Guidelines states Abilify is not recommended as a first-line treatment. Abilify (Aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for psychotic disorders such as schizophrenia. Within the information made available for review, a diagnosis of schizophrenia, or any other psychotic disorder is not identified. In the absence of such documentation, the currently requested Abilify 5mg is not medically necessary.

Deplin 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC (ODG) Pain Procedure Summary updated 09/10/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food, Deplin (L-methylfolate)

Decision rationale: Regarding the request for Deplin 15mg, Official Disability Guidelines states Deplin (L-methylfolate) is a prescription medical food for the dietary management of suboptimal folate, a naturally occurring B vitamin, in depressed patients. L-methylfolate is not an antidepressant, but may make antidepressants work better by correcting folate levels in the brain. Within the documentation made available for review, there is no documented folate deficiency. In the absence of such documentation, the currently requested Deplin 15mg is not medically necessary.

Metformin 250mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Diabetes Procedure Summary last updates 07/28/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, Gestational) Chapter, Metformin (Glucophage)

Decision rationale: Regarding the request for Metformin 250mg, Official Disability Guidelines states Metformin is recommended as first-line treatment of type 2 diabetes to decrease insulin resistance. As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations. Metformin often has beneficial effects on components of the metabolic syndrome, including mild to moderate weight loss, improvement of the lipid profile, and improved fibrinolysis. Metformin is also effective as monotherapy and in combination with other anti-diabetic agents, including sulfonylureas, TZDs, AGIs, DPP-4 inhibitors, GLP-1 agonists, and Pramlintide. Within the information made available for review, there is no indication that the patient has type 2 diabetes. In the absence of such documentation, the currently requested Metformin 250mg is not medically necessary.