

Case Number:	CM14-0184366		
Date Assigned:	11/12/2014	Date of Injury:	01/12/1999
Decision Date:	12/30/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational 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:

Patient is a 52 year-old male with date of injury 01/12/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/27/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed moderate pain with facet loading and moderate facet tenderness to palpation bilaterally. Increased pain on palpation of Coccyx. Pain with range of motion with extension and rotation. Motor exam was 4/5 on the left and 4/5 on the right of the lower extremities. Decreased discrimination to light touch along the right posterior lateral lower leg into the dorsum of the foot, numbness in bilateral upper hamstrings and right anterior thigh. Diagnosis: 1. Reflex sympathetic dystrophy, unspecified 2. Pain, knee 3. Lumbar spondylosis 4. Lumbar radiculopathy. The medical records supplied for review documents that the patient has been taking the following medications for at least as far back as six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 2 mg 3D per month for 6 months (unspecified directions for use): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Atypical antipsychotics

Decision rationale: Abilify is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder (manic depression). It is also used together with other medications to treat major depressive disorder in adults. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40, including Abilify, were found to lack both safety and effectiveness. Abilify 2 MG 3D per month for 6 months unspecified Directions for use is not medically necessary.

Duloxetine 60 mg 60 per month for 12 months (unspecified directions for use): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines recommend Cymbalta as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). I am reversing the previous utilization review decision. Duloxetine 60 mg 60 per month for 12 months unspecified directions for use is medically necessary.

Generic Lunesta 3 mg 60 per month for 12 months (unspecified directions for use): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Lunesta for at least 6 months, which is longer than the maximum recommended time of 4 weeks. Generic Lunesta 3 mg 60 per month for 12 months unspecified directions for use is not medically necessary.