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| Case Number: | CM14-0020858 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 09/08/2000 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 35-year-old male with date of injury 9/9/2000. The mechanism of injury is stated as a crane hitting his right knee. The patient has complained of right knee pain and right lower extremity pain since the date of injury. He has been treated with right knee surgery twice, sympathetic nerve blocks and medications. There are no radiographic data or electromyogram/nerve conduction velocity (EMG/NCV) studies included for review. Objective findings were right lower extremity edema, erythema of the right calf and ankle, allodynia of the right lower extremity. Diagnoses include complex regional pain syndrome of the right lower extremity. Treatment plan and request is for Sertraline and Abilify.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERTRALINE 100MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS FOR CHRONIC PAIN, SPECIFIC ANTIDEPRESSANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs) Page(s): 107.

Decision rationale: This 35 year old male has complained of right lower extremity pain since date of injury 9/9/2000. He has been treated with right knee surgery, sympathetic nerve blocks

and medications. The current request is for Sertraline. Per the MTUS guideline cited above, SSRI's are not recommended for the treatment of chronic pain but may have a role in treatment of secondary depression. There is no documentation in the available medical records of recent depression or discussion of evidence to support use of this medication. Based on the MTUS guideline cited above and the available documentation, Sertraline is not indicated as medically necessary.

ABILIFY 5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS FOR CHRONIC PAIN, ARIPIPRAZOLE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medications, Anti-psychotics.

Decision rationale: This 35 year old male has complained of right lower extremity pain since date of injury 9/9/2000. He has been treated with right knee surgery, sympathetic nerve blocks and medications. The current request is for Abilify. Per the ODG guideline cited above, there is no evidence to support the use of antipsychotic medications in the treatment of chronic pain. The use of Abilify is therefore not indicated as medically necessary.