

Case Number:	CM14-0070179		
Date Assigned:	07/14/2014	Date of Injury:	11/04/2011
Decision Date:	10/07/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 Internal 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:

The injured worker is a 57 year old female injured on 11/04/11 as a result of continuous trauma secondary to repetitive physical strain from use of upper extremities and continuous sitting while performing intake and data entry in addition to emotional stress. Diagnoses included cervical musculoligamentous sprain/strain with bilateral upper extremities radiculitis, lumbar spine musculoligamentous sprain/strain with right lower extremity radiculitis, bilateral elbow medial epicondylitis, bilateral wrist tendinitis/deQuervain tenosynovitis/carpal tunnel syndrome, left shoulder rotator cuff tear, bilateral impingement syndrome/acromioclavicular joint degenerative joint disease/ calcific tendinitis, right hip chronic greater trochanteric bursitis, major depressive disorder, insomnia type sleep disorder, female hypoactive sexual disorder, and changes in blood pressure and diabetes. Treatment to date includes wrist injections, physical therapy, and medication management. The injured worker deferred cervical epidural steroid injections and cervical surgical intervention. The injured worker elected to proceed with shoulder surgery; however, prior to schedule date of surgery, the injured worker was hospitalized for abdominal pain and required further diagnostic studies. Clinical note dated 03/03/14 noted the injured worker presented tearful, reporting longer sleep, averaging approximately six to seven hours per night. The injured worker also reported medications helped symptoms. The documentation indicated medical necessity of medications for injured worker wellbeing based on length of use. Medication list included Effexor, Abilify, Ativan, Lunesta, and Atarax. The initial request for Abilify and Venlafaxine was non-certified on 05/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness & Stress Procedure Summary last updated 04/09/2014

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 & Stress , Aripiprazole (Abilify)

Decision rationale: As noted in the Official Disability Guidelines - Online version, Abilify is not recommended as a first-line treatment for most conditions covered by Official Disability Guidelines. Abilify (aripiprazole) is an antipsychotic medication. Drug label information indicates Abilify can be used as an adjunctive treatment for major depressive disorder. The clinical treatment indicates the injured worker has positive improvement in depressive symptoms with the use of medications. Additionally, discontinuation of antipsychotics/antidepressants without the full involvement of the injured worker's physician can be harmful to the injured worker's overall health. As such, the request for Abilify 5mg, #30 is medically necessary.

Venlafaxine HCL XR 150mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness & Stress Procedure Summary last updated 04/09/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (venlafaxine), Page(s): 45.

Decision rationale: As note on page 45 of the Chronic Pain Medical Treatment Guidelines, Effexor is recommended as an option in first-line treatment of neuropathic pain. Additionally, it has FDA approval for treatment of depression and anxiety disorders. The injured worker has documented symptoms associated with depression indicating the need for pharmaceutical intervention. As such, the request for Venlafaxine HCL XR 150mg, #30 is medically necessary.

Retrospective DOS: 4/21/14: Abilify 5mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness & Stress Procedure Summary last updated 04/09/2014

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 & Stress , Aripiprazole (Abilify)

Decision rationale: As noted in the Official Disability Guidelines - Online version, Abilify is not recommended as a first-line treatment for most conditions covered by Official Disability Guidelines. Abilify (aripiprazole) is an antipsychotic medication. Drug label information indicates Abilify can be used as an adjunctive treatment for major depressive disorder. The clinical treatment indicates the injured worker has positive improvement in depressive symptoms with the use of medications. Additionally, discontinuation of antipsychotics/antidepressants without the full involvement of the injured worker's physician can be harmful to the injured worker's overall health. As such, the request for Retrospective DOS: 4/21/14: Abilify 5mg, #30 is medically necessary.

Retrospective DOS: 4/21/14: Venlafaxine HCL 150mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Mental Illness & Stress Procedure Summary last updated 04/09/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (venlafaxine), Page(s): 45.

Decision rationale: As noted on page 45 of the Chronic Pain Medical Treatment Guidelines, Effexor is recommended as an option in first-line treatment of neuropathic pain. Additionally, it has FDA approval for treatment of depression and anxiety disorders. The injured worker has documented symptoms associated with depression indicating the need for pharmaceutical intervention. As such, the Retrospective DOS: 4/21/14: Venlafaxine HCL 150mg, #30 is medically necessary.