

Case Number:	CM14-0194560		
Date Assigned:	12/02/2014	Date of Injury:	03/31/1996
Decision Date:	01/16/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55 year old male with an injury date of 03/13/96. Based on the 12/04/14 progress report provided by treating physician, the patient complains of chronic low back pain. A physical examination to the lumbar spine on 12/04/14 revealed well healed surgical scar and tenderness to palpation to right paravertebral muscles. The Range of motion was decreased, especially on extension 15 degrees. Sacral exam revealed tenderness to right SI joint and positive Fontan finger and Gaenlen's tests. The patient had lumbar epidural steroid injection to right L4-L5 per operative report dated 10/24/14. Patient's medications include Gabapentin, Ambien, Lorazepam, Norco, Omeprazole, Provigil, Oxycontin, Caltrate, Miralax, Zanaflex and Lidoderm patch. Medications provide relief without uncontrolled side effects. Per Request for Authorization Form dated 10/20/14, Abilify and Alprazolam are requested for the diagnosis of Major Depressive Pain Disorder. Abilify was prescribed in progress reports dated 05/22/14 and 12/04/14. Alprazolam was prescribed in progress reports dated 06/18/14 and 11/12/14. Diagnosis 10/24/14, per operative report for Lumbar ESI to right L4-L5- adjacent segment degenerative disc disease and herniated nucleus pulposus at L4-L5- history of L5-S1 fusion- low back pain with history of sciatica in right leg Diagnosis 12/04/14- post-laminectomy syndrome, lumbar The utilization review determination being challenged is dated 10/31/14. Treatment reports were provided from 11/29/10 - 12/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 10 mg, 20 mg or 30 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Chapter, Aripiprazole Abilify

Decision rationale: The patient presents with chronic low back pain. The request is for Abilify 10mg, 20mg or 30MG #30. The patient had lumbar an epidural steroid injection to the right L4-L5 per operative report dated 10/24/14. The patient's diagnosis on 10/24/14 included adjacent segment degenerative disc disease and herniated nucleus pulposus at L4-L5, history of L5-S1 fusion and low back pain with history of sciatica in right leg. The patient's medications include Gabapentin, Ambien, Lorazepam, Norco, Omeprazole, Provigil, Oxycontin, Caltrate, Miralax, Zanaflex and Lidoderm patch, per 12/04/14 physician's report. The medications provide relief without uncontrolled side effects. The ODG-TWC, Mental Illness & Stress Chapter, Aripiprazole (Abilify) Section states: "Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the ODG." Per Request for Authorization Form dated 10/20/14, Abilify is requested for the diagnosis of Major Depressive Pain Disorder. Abilify was prescribed in progress reports dated 05/22/14 and 12/04/14. The physician has not discussed reason for the request. Guidelines do not recommend Abilify as first-line treatment, since "there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." Therefore the request is not medically appropriate.

Alprazolam 1 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with chronic low back pain. The request is for Alprazolam 1mg #60. The patient had lumbar epidural steroid injection to right L4-L5 per operative report dated 10/24/14. The patient's diagnosis on 10/24/14 included adjacent segment degenerative disc disease and herniated nucleus pulposus at L4-L5, history of L5-S1 fusion and low back pain with history of sciatica in right leg. The patient's medications include Gabapentin, Ambien, Lorazepam, Norco, Omeprazole, Provigil, Oxycontin, Caltrate, Miralax, Zanaflex and Lidoderm patch, per 12/04/14 physician's report. Medications provide relief without uncontrolled side effects. The MTUS Guidelines, page 24, Chronic Pain Medical Treatment Guidelines: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Per

Request for Authorization Form dated 10/20/14, Alprazolam are requested for the diagnosis of Major Depressive Pain Disorder. Alprazolam was prescribed in progress reports dated 06/18/14 and 11/12/14. The physician has not discussed reason for the request. The MTUS does not recommend Benzodiazepines to be used long term. The patient has been on Alprazolam at least for 5 months based on review of progress reports. Therefore the request is not medically appropriate.