

Case Number:	CM15-0160251		
Date Assigned:	09/01/2015	Date of Injury:	06/11/1991
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 58 year old female who sustained an industrial injury on 06-11-1991. Previous treatments included medications, surgical interventions, braces, sympathetic blocks, TENS unit, desensitization, [REDACTED], psychiatric care, and occupational therapy. Report dated 07-15-2015 noted that the injured worker presented with complaints that included pain that is described as electrical shocks and sometimes like shattered glass, secondary pain in the left shoulder and neck because she is protecting the right arm. It was further noted that sometimes the injured worker can go months without flare-up and then be bedridden for a few days. The injured worker also has pain in the left knee. Sleep has not been good due to the arm pain, averaging about 6 hours a night. The physician stated that dysthymia is related to the pain problems, not predating it. Which Paxil and Abilify have been helpful. Additional complaints included severe fatigue and daytime somnolence that she takes Ritalin in order to function. Past medications include Cymbalta, Neurontin, Lyrica, and Lidoderm. Current medications include Oxycontin, Aleve, Alprazolam, Abilify, Paroxetine HCL, and methylphenidate. Pain level was not included. Physical examination was positive for right arm guarding, right trapezius trigger points, decreased range of motion in the right elbow and right shoulder, and fine rapid tremor. Current diagnoses include complex regional pain syndrome-reflex sympathetic dystrophy right arm, and depression related to chronic pain. The treatment plan included recommendations for biofeedback, add long-acting medication at night, trial of scalp-auricular acupuncture, and reading Sarno, depression currently controlled by Paxil, Abilify, and methylphenidate, recommendation for a sleep study at home, magnesium or may use Epsom salts, ordered laboratory evaluations, and prescriptions were given for current medications. Disputed treatments include Paroxetine and Abilify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine 40mg Day supply: 90 Qty: 90 Refills 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI (selective serotonin reuptake inhibitors) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 107 of 127.

Decision rationale: Regarding the request for Paroxetine, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is evidence of a recent mental status examinations to determine a diagnosis of depression. Additionally, there is documentation indicating whether or not the patient has responded to the current Paroxetine treatment. As such, the currently requested Paroxetine is medically necessary.

Abilify 15mg day supply: 90 Qty: 90 Refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR drug summary - Abilify.

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) and Other Medical Treatment Guidelines www.accessdata.fda.gov/drugsatfda_docs/label/2009/021436s028,021713s020,021729s013,021866s014lbl.pdf.

Decision rationale: Regarding the request for Abilify, California MTUS guidelines do not contain criteria for the use of Abilify. ODG 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. Guidelines state that there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. However it is also FDA approved as an adjunct treatment for depression. Within the information made available for review, a diagnosis of depression is identified however it is unclear from the documentation that the patient needs to be on two medications for depression. As such, the currently requested Abilify is not medically necessary.