

Case Number:	CM15-0192684		
Date Assigned:	10/06/2015	Date of Injury:	01/09/1991
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/30/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial injury on 1-9-91. The injured worker reported low back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar degenerative disc disease, major depressive disorder, and chronic pain disorder. Medical records dated 7-21-15 indicate pain rated at 7 out of 10. Treatment has included status post intrathecal pump placement, Baclofen, Wellbutrin, Effexor, status post multiple spine surgeries, and Hydromorphone since at least March of 2015. Other medication list include Abilify (aripiprazole), Amitiza, Nexium, Latuda (lurasidone) and Oxybutynin. Objective findings dated 7-21-15 were notable for tenderness to palpation to the paraspinal muscles over the facet joints bilaterally; muscles spasms noted overlying the lower paraspinals, limited flexion and extension to 10 degrees. The original utilization review (9-2-15) denied a request for Effexor XL 75mg #90, Wellbutrin XL 150mg #90 and Abilify 10mg #30. Per the note dated 7/28/15, the patient had severe depressive disorder. Per the psychotherapy note dated 4/16/15, the patient had complaints of depression. Patient was switched from Latuda to Abilify. Examination revealed mild to moderate depression and mild anxiety. The patient has had an intrathecal infusion pump. The patient had received an unspecified number of CBT visits for this injury. The patient had used a walker for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XL 75mg #90: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Effexor XL 75mg #90, Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. According to the cited guidelines, indications for Effexor include neuropathic pain. The patient had a diagnosis of major depressive disorder, and chronic pain disorder. The patient has a history of intrathecal pump placement, and multiple spine surgeries. Per the note dated 7/28/15, the patient had severe depressive disorder. Objective findings dated 7-21-15 were notable for tenderness to palpation to the paraspinal muscles over the facet joints bilaterally; muscles spasms noted overlying the lower paraspinals, limited flexion and extension to 10 degrees. Per the psychotherapy note dated 4/16/15, the patient had complaints of depression. Examination revealed depression and anxiety. The patient has evidence of chronic pain along with depression. The request for Effexor XL 75mg #90 is medically necessary and appropriate for this patient.

Wellbutrin XL 150mg #90: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Antidepressants for chronic pain.

Decision rationale: Wellbutrin XL 150mg #90. The patient had a diagnosis of major depressive disorder, and chronic pain disorder. The patient has had history of intrathecal pump placement, and multiple spine surgeries. Per the note dated 7/28/15, the patient had severe depressive disorder. Objective findings dated 7-21-15 were notable for tenderness to palpation to the paraspinal muscles over the facet joints bilaterally; muscles spasms noted overlying the lower paraspinals, limited flexion and extension to 10 degrees. Per the psychotherapy note dated 4/16/15, the patient had complaints of depression. Examination revealed depression and anxiety. The request for Wellbutrin XL 150mg #90 is medically necessary and appropriate.

Abilify 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph, Aripiprazole (Abilify).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 11/06/15), Aripiprazole (Abilify).

Decision rationale: Abilify 10mg #30. Abilify contains Aripiprazole, which is an antipsychotic. Per the cited guidelines, abilify is "Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication." There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. "According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. (FDA, 2014)" A recent detailed psychiatric examination was not specified in the records provided. Evidence of schizophrenia and acute mania is not specified in the records provided. The cited guidelines do not recommend Abilify for the diagnoses of this patient. The medical necessity of Abilify 10mg #30 is not medically necessary for this patient.