

<b>Case Number:</b>	CM15-0046934		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/14/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female, who sustained an industrial injury on 12/14/2000. She has reported subsequent back pain and was diagnosed with lumbago, lumbar disc displacement, post-laminectomy syndrome of the lumbar spine and depression. Treatment to date has included oral pain medication, epidural steroid injections and surgery. In a progress note dated 11/13/2014, the injured worker complained of low back to left hip pain with spasms and sharp shooting pains. Objective findings were notable for an antalgic gait, limited range of motion with pain and tenderness to palpation of the lumbar spinous processes. Requests for Abilify and Gabapentin were made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 2mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress Chapter, Aripiprazole (Abilify).

**Decision rationale:** The patient presents with low back and left hip pain. The request is for ABILIFY 2MG #30. The request for authorization is dated 02/18/15. The patient ambulates with a stiff antalgic gait and use of a cane. She has limited range of motion of back in all directions. Pain level is 10/10 without meds, unable to function and 6/10 with meds, able to walk 1/2 block, stand for 15 minutes, sit for 15 minutes, lift up to 3 lbs, complete home exercise program and simple ADL activities. Patient's medications include Lyrica, Zanaflex, Abilify, Zolpidem, Norco and Tramadol. Dizziness at times is a side effect. The patient is not working. 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 ODG." Per progress report dated, 11/13/14, treater's reason for the request is it "controls depression related to pain." The treater does not provide treatment history for Abilify and it is unknown when this medication was initiated and how long it has been prescribed. Per UR letter dated, 02/25/15, reviewer states, "Initial utilization review report dated 12/26/13 indicates that certification was provided for Abilify 10 mg #30 for downward titration and complete discontinuation only." ODG 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.

**Gabapentin 600mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

**Decision rationale:** The patient presents with low back and left hip pain. The request is for GABAPENTIN 600MG #90. The request for authorization is dated 02/18/15. The patient ambulates with a stiff antalgic gait and use of a cane. She has limited range of motion of back in all directions. Pain level is 10/10 without meds, unable to function and 6/10 with meds, able to walk 1/2 block, stand for 15 minutes, sit for 15 minutes, lift up to 3 lbs, complete home exercise program and simple ADL activities. Patient's medications include Lyrica, Zanaflex, Abilify, Zolpidem, Norco and Tramadol. Dizziness at times is a side effect. The patient is not working. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. The treater does not provide treatment history for Gabapentin and it is unknown when this medication was initiated and how long it has been prescribed. Per UR letter

dated, 02/25/15, reviewer states, "Initial utilization review report dated 12/26/13 indicates that certification was provided for Neurontin 400mg #90 with warning that subsequent review will require evidence of objective functional benefit with medication." Per progress report dated, 11/13/14, treater documents reduction of pain from 10/10 to 6/10 with use of medication. The treater further documents that patient is unable to function without medication, but with medication the patient is "able to walk 1/2 block, stand 15", sit 15", lift 3#, complete home exercise program, simple ADL activities." The treater adequately documents a record of pain and function as required by MTUS. Therefore, the request IS medically necessary.