

Case Number:	CM15-0080842		
Date Assigned:	05/01/2015	Date of Injury:	02/04/2009
Decision Date:	06/04/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old female, who sustained an industrial injury on 2/4/09. She reported a bilateral shoulder injury. The injured worker was diagnosed as having cervical strain, cervical and occipital headaches, bilateral shoulder tendinitis, bilateral upper extremity dysesthesias, bilateral upper extremity dysesthesias versus compressive neuropathy, lumbar strain, bilateral knee pain, left carpal tunnel syndrome, right carpal tunnel syndrome, bilateral carpal tunnel release, repetitive strain injury and biceps tendinitis of shoulder. There are associated diagnoses of insomnia, depression and anxiety disorders. Treatment to date has included oral medications including opioids, trigger point injections and activity restrictions. Currently, the injured worker complains of shoulder pain with difficulty sleeping. Physical exam noted decreased right and left shoulder range of motion and full grip with some pain guarding request for authorization was submitted for bilateral shoulder injections, and renewal of Abilify, Celebrex, Pristiq, Omeprazole and Norco. It was noted that the Pristiq was being requested for the treatment of depression, pain and irritability while the Abilify was being utilized to treat pain and irritability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 10mg #30, refills: 3: Upheld

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 Treatment Guidelines Page(s): 13-16, 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend the chronic use of Abilify for the treatment of chronic musculoskeletal pain. The records indicate that the patient is utilizing opioids and antidepressant medications concurrently. The documents indicate that Abilify was being utilized for the chronic treatment of pain and irritability. The guidelines recommend that mood stabilizing anticonvulsant medications be utilized in the treatment of psychosomatic symptoms associated with chronic musculoskeletal pain. The criteria for the use of Abilify 10mg #30 3 refills was not medically necessary.

Pristiq 50mg #60, refills: 3: 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 Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of depression associated with chronic pain syndrome. The records indicate that the patient is utilizing Pristiq for the treatment of significant psychosomatic symptoms and depression associated with chronic musculoskeletal pain. There is documentation of beneficial effects and functional restoration associated with the use of Pristiq. There is no reported adverse effect or medication interaction. The criteria for the use of Pristiq 50mg #60 3 refills was medically necessary.