

Case Number:	CM15-0088751		
Date Assigned:	07/16/2015	Date of Injury:	04/25/2000
Decision Date:	09/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48-year-old female, who sustained an industrial injury on 04/25/2000. She has reported subsequent bilateral hand, wrist, elbow, shoulder and neck pain and was diagnosed with lateral epicondylitis of the elbow, brachial neuritis or radiculitis, radial styloid tenosynovitis and unspecified myalgia and myositis. The injured worker was also diagnosed with anxiety state, unspecified, depression and chronic fatigue syndrome. Treatment to date has included medication, injection therapy and physical therapy. Adderall, Abilify and Norco were prescribed since at least 10/09/2014. In a progress note dated 04/09/2015, the injured worker complained of 6/10 bilateral hand, wrist, elbow, shoulder and neck pain. Objective findings were notable for subluxation to right ulnar nerve at cubital tunnel with repetitive flexion and extension of the elbow, pain to palpation of the dorsum of the thumbs, decreased grip strength on the left, positive impingement of the right shoulder, positive de Quervain's key grip, pain with palpation of the bilateral lateral epicondyles and pain with resistance to bilateral lateral epicondyles. The physician noted that a request for Abilify 5 mg tablet, 1 tablet at bedtime for 30 days quantity of 30 was being made. The physician also noted that Norco 10/325 mg tablet, 1 tablet every 3 hours, 10/day - qualitest brand only for 30 days was being requested. Work status is unclear but the most recent note indicates that the work status had not changed. A request for authorization of Norco 10/325 mg quantity of 300, Adderall 30 mg quantity of 60 and Abilify, unknown prescription was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS, Norco (Hydrocodone/ Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that this medication had been prescribed to the injured worker since at least 10/09/2014 and there was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. The most recent progress note does not document the intensity of pain after taking Norco or the duration of pain relief. There was no documentation of a change in work status and although there was documentation of an improvement with performance of activities of daily living, there were no specifics given that support this statement. As per MTUS guidelines opioid medication should be discontinued with no evidence of objective functional improvement unless extenuating circumstances are documented. Medical necessity of the requested item has not been established. Therefore, the request for authorization of Norco is not medically necessary.

Adderall 30 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Veteran Affairs, Department of Defense: Clinical practice guidelines for management of major depressive disorder, May 2009, pg 199.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference / Adderall. (PDR. net).

Decision rationale: The MTUS, ACOEM and ODG did not address the use of Adderall , therefore other guidelines were consulted. Per the PDR Adderall is a CNS stimulant used in the treatment of attention-deficit hyperactivity disorder (ADHD) and narcolepsy. It has a High potential for abuse; prolonged use may lead to drug dependence and must be avoided. Misuse of amphetamine may cause sudden death and serious cardiovascular (CV) adverse events. A review of the injured workers medical records that are available to me did not reveal a clear rationale for the use of this medication, neither was there documentation of any specific benefit from the use of this medication, without this information it is not possible to determine medical necessity for continued use, therefore the request for Adderall is not medically necessary.

Abilify, unknown prescription: 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 - Atypical antipsychotics.

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).

Decision rationale: CA MTUS is silent regarding the use of Abilify (Aripiprazole) so alternative guidelines were referenced. As per ODG, antipsychotic medications are first line psychiatric treatments for schizophrenia. Abilify is not recommended as a first line treatment. This medication is approved for schizophrenia, acute mania and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. The documentation submitted showed that the injured worker was diagnosed with anxiety state, unspecified and depression. Abilify had been prescribed to the injured worker since at least 10/09/2014 and there was no indication as to the reason for prescription of the medication. In addition, there is insufficient documentation regarding the injured worker's psychiatric diagnoses, the nature and status of the injured worker's psychiatric symptoms and the effectiveness of the medication. Therefore, the request for Abilify is not medically necessary.