

Case Number:	CM15-0089271		
Date Assigned:	05/13/2015	Date of Injury:	04/14/2006
Decision Date:	06/18/2015	UR Denial Date:	04/14/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old male, who sustained an industrial injury on 04/14/2006, reporting pain in neck, left shoulder radiating into arm, and left hand and back pain. On provider visit dated 11/04/2014 the injured worker has reported depressed mood, feelings of despair, helplessness, problems sleeping, focusing and feelings of wanting to end his life. Per documentation, the injured worker was unable to cope with multiple medical issues. On examination, speech was noted to be pressured; affect was labile, currently depressed and anxious type. The diagnoses have included mood disorder, depressed type due to medical condition, rule out pain disorder associated with psychological factors and general medical condition. Treatment to date has included medication and psychiatric evaluation. The provider requested Clonazepam 0.5mg #60, Cymbalta 30mg #60 and Abilify 5mg #30 for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Regarding the request for Klonopin (clonazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." "Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant." Within the documentation available for review, there is no documentation of symptoms or diagnosis consistent with anxiety. Furthermore, there were no objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Klonopin (clonazepam) is not medically necessary.

Cymbalta 30mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: Regarding the request for Duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, the patient was started on Cymbalta on 11/4/2014 primarily for the diagnosis of depression. However, on a follow up visit on date of service 12/8/2014, there is no identification that the Cymbalta provides any improvement in depressive symptoms, or provides any subjective or objective functional improvement, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested Duloxetine (Cymbalta) is not medically necessary.

Abilify 5mg quantity 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 and Stress, 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) Mental Illness and Stress Chapter, Aripiprazole (Abilify).

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. Within the documentation available for review, the patient was started on Cymbalta and Abilify on 11/4/2014 primarily for the diagnosis of depression. However, on a follow up visit on date of service 12/8/2014, there is no identification that Abilify provides any improvement in depressive symptoms or improvement in psychological well-being. Furthermore, a diagnosis of schizophrenia or any other psychotic disorder is not identified. In the absence of such documentation, the currently requested Abilify is not medically necessary.