

Case Number:	CM14-0128509		
Date Assigned:	08/15/2014	Date of Injury:	06/02/2009
Decision Date:	10/14/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 47-year-old female with a 6/2/09 date of injury. At the time (7/10/14) of request for authorization for psychologist evaluation for Abilify and Amitriptyline 1/2-1 at bedtime, there is documentation of subjective (neck and shoulder pain) and objective (decreased shoulder range of motion with pain, tenderness over the bilateral trapezius and paracervicals, positive Tinel's sign, and positive mild right Spurling's sign) findings. The current diagnoses are sprain/strain of the cervical spine and rotator cuff tear. The treatment to date includes ongoing treatment with Acetaminophen, Norflex, Gabapentin, and Amitriptyline since at least 1/22/14 and chiropractic therapy. Regarding Abilify, there is no documentation of schizophrenia, acute mania, and/or Abilify being used as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. Regarding Amitriptyline, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Amitriptyline use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist Evaluation for Abilify: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

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 & Stress, Aripiprazole (Abilify)

Decision rationale: MTUS does not address this issue. Official Disability Guidelines identifies documentation of schizophrenia, acute mania, and/or Abilify being used as an adjunct second-line therapy for bipolar maintenance and major depressive disorder, as criteria necessary to support the medical necessity of Abilify. Within the medical information available for review, there is documentation of diagnoses of sprain/strain of the cervical spine and rotator cuff tear. However, there is no documentation of schizophrenia, acute mania, and/or Abilify being used as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. Therefore, based on guidelines and a review of the evidence, the request for psychologist evaluation for Abilify is not medically necessary.

Amitriptyline 1/2-1 at Bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies tricyclic antidepressants as first-line agent unless they are ineffective, poorly tolerated, or contraindicated. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sprain/strain of the cervical spine and rotator cuff tear. In addition there is documentation of chronic pain and ongoing treatment with Amitriptyline. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Amitriptyline use to date. Therefore, based on guidelines and a review of the evidence, the request for Amitriptyline 1/2-1 at bedtime is not medically necessary.