

Case Number:	CM14-0163522		
Date Assigned:	10/08/2014	Date of Injury:	06/02/2012
Decision Date:	11/14/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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 63-year-old male with a 6/2/12 date of injury. At the time (9/5/14) of request for authorization for Abilify 5mg #30; 2 refills, Cymbalta 60mg #30; 2 refills, and Trazodone 50mg #30; 2 refills, there is documentation of subjective (confusion, disorientation, forgetfulness, and symptoms of depression) and objective (spontaneous speech, facial twitching, psychomotor restlessness, depressed mood, and unrealistic expectations) findings, current diagnoses (cognitive disorder, mood disorder secondary to general medical condition, and major depressive illness, single episode, severe), and treatment to date (ongoing therapy with Abilify, Cymbalta, and Trazodone). Regarding Abilify 5 mg #30; 2 refills and Cymbalta 60 mg #30; 2 refills, 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 Abilify and Cymbalta use to date. Regarding Trazodone 50 mg #30; 2 refills, there is no documentation of insomnia and 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 Trazodone use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5 mg #30; 2 refills: Upheld

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

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. 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. ODG 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 cognitive disorder, mood disorder secondary to general medical condition, and major depressive illness, single episode, severe. In addition, given documentation of a diagnosis of major depressive illness and the associated requests for Cymbalta and Trazodone, there is documentation that Abilify is being used as an adjunct second-line therapy for major depressive disorder. However, given documentation of ongoing therapy with Abilify, 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 Abilify use to date. Therefore, based on guidelines and a review of the evidence, the request for Abilify 5 mg #30; 2 refills is not medically necessary.

Cymbalta 60 mg #30; 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, diabetic neuropathy, neuropathic pain, or fibromyalgia, as criteria necessary to support the medical necessity of Cymbalta. 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 cognitive disorder, mood disorder secondary to general medical condition, and major depressive illness, single episode, severe. However, given documentation of ongoing treatment with Cymbalta, 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 Cymbalta use to date. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 60 mg #30; 2 refills is not medically necessary.

Trazodone 50 mg #30; 2 refills: 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 Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Trazodone (Desyrel)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. 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. ODG identifies that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Within the medical information available for review, there is documentation of diagnoses of cognitive disorder, mood disorder secondary to general medical condition, and major depressive illness, single episode, severe. However, despite documentation of psychiatric symptoms such as depression, there is no documentation of insomnia. In addition, given documentation of ongoing treatment with Trazodone, 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 Trazodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Trazodone 50 mg #30; 2 refills is not medically necessary.