

Case Number:	CM14-0180318		
Date Assigned:	11/04/2014	Date of Injury:	09/18/2003
Decision Date:	12/09/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine and is licensed to practice in Utah. 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:

The patient is a 60 year-old female. The patient's date of injury is 9/18/2003. The mechanism of injury was stepping in a hole which caused lower lumbar pain. The patient has been diagnosed with post laminectomy syndrome, chronic pain syndrome, and emotional factors. The patient's treatments have included injections, surgical intervention, and medications. The physical exam findings dated 9/03/2014 shows the patient in no apparent distress, neurologically intact. Motor is without focal changes. The cervical spine is noted with tightness. The Lumbar spine states myofascial restrictions noted. The straight leg rise if noted as negative. The patient's medications have included, but are not limited to, Norco, Zofran, Soma, Trazodone, Cymbalta, Lexapro, Abilify, Lorazepam, Albuterol, Singulair, Lidoderm, Flector, Valium, and Voltaren. The request is for Abilify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 10mg, #30: Upheld

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

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Abilify. MTUS guidelines state the following: Recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated, a 4 week trial is recommended with evaluation and reassessment after that trial. This medication is not recommended for long term usage, and there is no documentation for the rationale of this medication. According to the clinical documentation provided and current MTUS guidelines; Abilify is not indicated as a medical necessity to the patient at this time.