

<b>Case Number:</b>	CM14-0181653		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/06/1999
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Physical Medicine & Rehabilitation 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and left knee pain reportedly associated with an industrial injury of July 6, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multiple epidural steroid injection; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 1, 2014, the claim administrator denied a request for Abilify, invoking non-MTUS ODG Guidelines; conditionally a request for OxyContin; conditionally denied a request for oxycodone; and conditionally denied a request for Cymbalta. The claims administrator stated there was no, furthermore, no evidence of benefit with ongoing Abilify usage. The claims administrator stated that the attending provider had failed to respond to a fax request for additional information regarding several of the conditional denials. The applicant's attorney subsequently appealed. In a progress note dated November 13, 2013, the applicant was described as having ongoing complaints of low back pain, left leg pain, lethargy, and insomnia. The applicant was asked to continue Cymbalta and Abilify. The attending provider stated that the applicant denied any explicit side effects with medication consumption but did not explicitly state whether the medications in question were helpful or not. In a February 22, 2011 Medical-legal Evaluation, it was noted that the applicant was a 'qualified injured worker' implying that the applicant was not working. Permanent work restrictions were endorsed. In a September 26, 2014 letter, the applicant's attending provider noted that the applicant was getting good pain relief with OxyContin and oxycodone without side effects. 7-8/10 pain was appreciated with medications versus 3-4/10 pain without medications. The attending provider stated that combination of Cymbalta and Abilify was ameliorating the applicant's depressive symptoms. In September 15, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant

was using OxyContin, oxycodone, Cymbalta, and Abilify, it was noted. The applicant was asked to continue his pain medications. The attending provider noted that she was retiring and suggested that the applicant make plans to transfer his care elsewhere.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Prospective request for 1 prescription of Abilify 10mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, Food and Drug Administration (FDA), Abilify Medication Guide.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, continuing with an established course of antipsychotics is important. In this case, it has been suggested that the applicant is using Abilify as adjunctive treatment for major depressive disorder (MDD), in conjunction with Cymbalta. The Food and Drug Administration (FDA) does acknowledge that Abilify is indicated as an adjunctive treatment for major depressive disorder (MDD). Here, the attending provider has posited, albeit somewhat incompletely, that the combination of Abilify and Cymbalta has attenuated the applicant's depressive symptoms and stabilized the applicant's mood. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

#### **Prospective request for 1 prescription of Oxycodone 15mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant is off of work. The applicant has been deemed a qualified injured worker, a Medical-legal evaluator noted, above. While the attending provider has reported some reduction in some pain scores with ongoing medication consumption, the attending provider has failed to outline any meaningful improvements in function achieved as results of ongoing oxycodone usage, which, coupled with the applicant's failure to return to work, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

