MAXIMUS Federal Services

| Case Number: | CM14-0211788 | | |
|---|---|---|---|
| Date Assigned: | 12/24/2014 | Date of Injury: | 05/18/2010 |
| Decision Date: | 02/20/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

## 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. 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, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

## 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 59-year-old female who reported an injury on 05/18/2010. The mechanism of injury was not included in the documentation submitted for review. Her primary diagnoses were spinal stenosis, lumbar region without neurogenic claudication and mood disorder and conditions classified elsewhere. Her past treatments include work modifications, physical therapy, and psychiatric treatments. Pertinent diagnostic studies were not provided within the submitted documentation for review. Her surgical history included a lumbar disc decompression at L2-L5 performed on 05/19/2014. The injured worker presented on 11/26/2014 for a periodic office visit. She stated that she felt almost 100% better compared to before her surgery. Additionally, she stated that she takes an occasional Norco for back pain but her leg symptoms have essentially completely resolved. Upon physical examination, the injured worker had full strength and sensation of the bilateral lower extremities, she had good range of motion of the lumbar spine, and her affect was that of a happy person. She was quite pleased with her outcome. Additionally, the injured worker was negative for anxiety, depression, sleep disturbance, irritability, mood swings, or suicidal thoughts or ideations. Her current medication regimen included bupropion SR, cyclobenzaprine, docusate sodium, gabapentin, ibuprofen, omeprazole, and trazodone. The treatment plan included a discussion that the injured worker was approaching permanent and stationary status with respect to her back and she was not needed to be seen again. The other issues would be left up to the respective physicians. It was further noted that Abilify 5 mg and Nucynta 50 mg had been discontinued by other physicians.

The rationale for the request was not provided. A Request for Authorization form dated 04/28/2014 was provided within the documentation submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 5mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment

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

**Decision rationale:** The request for Abilify 5 mg #30 with 3 refills is not medically necessary. The injured worker has low back pain and depression. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. The injured worker presented on 11/26/2014 and stated that she felt almost 100% better and that her leg symptoms have essentially completely resolved. Her neurological exam was negative. Additionally, her psychiatric exam was negative. It was further noted in the documentation submitted for review that Abilify 50 mg had been discontinued. As the injured worker was negative for neuropathic pain upon physical examination and documentation provides evidence that Abilify has been discontinued, the request as submitted does not support the evidence based guidelines. As such, the request for Abilify 5 mg #30 with 3 refills is not medically necessary.