

Case Number:	CM14-0046822		
Date Assigned:	07/07/2014	Date of Injury:	10/26/2000
Decision Date:	01/14/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/15/2014

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 Internal Medicine, 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:

Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated March 16, 2014, the IW reports that his pain is controlled with current medications. Current medications include Norco 10/325mg, MS Contin 100mg, Celebrex 200mg, Soma 350mg, Gabapentin 600mg, Pristiq 50mg, and Abilify 5mg for depression due to pain. Documentation indicated that the IW has been taking current medications since at least December of 2013. Pain is reported as 6-7/10 with medications and he is able to complete some activities of daily living and care for family members. Pain is 10+ without medications, and he is not able to function. He would like to see a specialist for depression due to pain. He reports no side effects with medications, and no effects or symptoms of abuse are present. Range of motion in the low back reveals flexion of 70 degrees and extension of 10 degrees. He has slight atrophy in the right lower extremity. Strength is 4/5 in the right lower extremity and 4/5 in the left lower extremity. Reflexes are 2/4 in the lower extremities. Sensation is intact in the lower extremities. He has tenderness to palpation over the right gluteal region. According to the progress report dated April 17, 2014, the Soma 350mg was discontinued and changed to Zanaflex 2mg for muscle spasms. The IW reported in a subsequent note that his pain is worse since changing from Soma to Zanaflex. Soma is more effective for spasms. The provider is recommending authorization request for current medications. The medications for review include Soma 350mg #90, and Abilify 6mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Abilify

Decision rationale: Pursuant to the Official Disability Guidelines, Abilify is not medically necessary. Abilify is not recommended as a first line treatment. Abilify is an anti-psychotic medication. Anti-psychotics are first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical anti-psychotics for conditions covered in the Official Disability Guidelines. In this case, the injured worker has complaints of depression due to pain. The injured worker is taking Pristiq, an antidepressant, for depression. The ODG does not recommend Abilify as first-line treatment for depression. Additionally the guidelines indicate there is insufficient evidence to recommend atypical anti-psychotics for conditions covered in the official disability guidelines. Consequently, Abilify is not medically necessary.