

Case Number:	CM15-0112684		
Date Assigned:	06/19/2015	Date of Injury:	03/01/2007
Decision Date:	07/20/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 3/1/07. He reported striking his head on the roof of the truck while driving over a rough patch in the road. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy, depressive disorder, chronic pain syndrome and degeneration of cervical intervertebral disc. Treatment to date has included oral medications including Abilify, diazepam, Lexapro, Omeprazole, Skelaxin, Tramadol, Trazodone, Ultram, topical Metro Gel and Terocin patch and activity restrictions. Currently, the injured worker complains of headaches, back pain, neck and shoulder pain, rated 7/10. He notes the occipital blocks helped for 3 days and patches are not helping. His work status is considered permanent and stationary. Physical exam noted tenderness to palpation at C7 with swelling and spasms, paraspinal muscle spasm with left sided cervical swelling, spasm and edema noted with left trapezius and his shoulder is elevated above the right. The treatment plan included continuation of Valium and Abilify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 10 mg #45 is not medically necessary. Benzodiazepines are not recommended for long term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are displacement of cervical intervertebral disc without myelopathy; depressive disorder; and chronic pain syndrome. The earliest progress note in the medical record containing a Valium 10 mg prescription is dated February 17, 2013. Valium is recommended for short-term use (not longer than two weeks). The treating provider has continued value in excess of two years. Long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. There has been no attempt at weaning Valium. Consequently, absent guideline recommendations for long-term use, unproven long-term efficacy and the risk of psychological and physical dependence frank addiction and provider Valium renewals in excess of two years, Valium 10 mg #45 is not medically necessary.

Abilify 10mg #30: 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), Mental Illness and Stress, Aripiprazole (Abilify).

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 and stress section, Abilify.

Decision rationale: Pursuant to the Official Disability Guidelines, Abilify 10 mg #30 is not medically necessary. Abilify is not recommended as a first line treatment. Abilify is an antipsychotic medication. Antipsychotics are first-line psychiatric treatments for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the official disability guidelines. In this case, the injured worker's working diagnoses are displacement of cervical intervertebral disc without myelopathy; depressive disorder; and chronic pain syndrome. The date of injury is March 1, 2007. The request for authorization is dated June 3, 2015. The most recent progress note in the medical record is dated February 25, 2015. There is no contemporaneous clinical documentation on or about the date of the request for authorization. The earliest progress note in the medical record is dated February 17, 2013. The injured worker was taking Valium 10 mg, Wellbutrin, and Seroquel. Seroquel was causing lethargy. On November 4, 2014, Abilify was added to the medication regimen for depression. On January 2015, Seroquel was discontinued and Abilify was increased. According to the utilization review, a May 28, 2015 progress note (not present in the medical record review) showed sleep

had improved and there were no suicidal thoughts or ideations. There was no contemporary clinical documentation on or about the date of request for authorization June 3, 2015. Consequently, absent contemporary clinical documentation on or about the date of request for authorization with evidence of additional first-line antidepressant treatment failures, Abilify 10 mg #30 is not medically necessary.