

Case Number:	CM15-0118463		
Date Assigned:	06/26/2015	Date of Injury:	06/15/2006
Decision Date:	07/28/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 62-year-old male who sustained an industrial injury on 06/15/2006. He reported being hit by a piece of machinery causing a fall onto his tailbone. The injured worker was diagnosed as having chronic pain syndrome; lumbago; facet syndrome; postlaminectomy syndrome of lumbar region; other pain disorder related to psychological factors. Treatment to date has included surgery, medications, home exercise, and radiofrequency ablation. On 06/09/2015, the injured worker complains of ongoing low back pain. His medications include Voltaren XR, MS Contin, Norco, Fenoprofen, Amlodipine, Paroxetine and Omeprazole. Details of the physical examination state the Prilosec is helping, Muscle relaxant and NSAID not working as well. Voltaren is better, and Norco and morphine are helping. Objective findings state his examination is unchanged from the previous visit. In the visit of 05/12/2015, the worker was found to have positive lumbar facet loading on both sides, and straight leg raising test was positive on the right side sitting at 30 degrees. He had decreased sensation in the left lower leg on the lateral calf. In the May /2015 visit, a reference was made to having completed an Electronic Based Psychological Screening and the results were reviewed with the worker, but no documentation of findings is recorded. Use of Abilify was discussed with the worker. The treatment plan includes adding Ability as a trial for depression, and continuing core exercises and to request right then left L54-L5 and L6 S1 radiofrequency ablation, request a lumbar MRI. A request for authorization is made for 1. Abilify 2mg #30, 2. Omeprazole DR 20mg #60 and 3. Voltaren-XR 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 2mg #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 & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- mental chapter and pg 20.

Decision rationale: Abilify is an antipsychotic used to treat bipolar disorder and schizophrenia. According to the guidelines, it is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics. The claimant had depression and psychological features due to pain. Details were not provided and need for Abilify was not justified and not medically necessary.