

Case Number:	CM15-0128108		
Date Assigned:	07/14/2015	Date of Injury:	11/15/2002
Decision Date:	08/14/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old female who sustained an industrial /work injury on 11/15/02. She reported an initial complaint of neck and shoulder pain. The injured worker was diagnosed as having dysthymic disorder, degeneration of cervical intervertebral discs, cervicgia, rotator cuff syndrome of shoulder, lateral epicondylitis of the elbow region, tenosynovitis, myalgia and myositis, unspecified, and associated depressive order and severe anxiety. Treatment to date includes medication, pain consult, soft neck collar, transcutaneous electrical nerve stimulation (TENS) unit, and exercise program. Currently, the injured worker complained of worsening right sided neck pain and shoulder pain with associated numbness and a burning sensation in her arm with severe cramping. There was also back discomfort. Pain was rated 5-8/10 with medication and 10/10 without. Per the primary physician's report (PR-2) on 5/14/15, limited range of motion in all planes of the cervical spine with positive muscle spasms in the paraspinal and trapezius muscles on the right. Motor strength was 5/5 in the upper extremity muscle groups. There was sensory loss in the lateral forearm by comparison to the left forearm. Right elbow exam revealed tenderness of the medial and lateral epicondyle with positive Cozen's maneuver and active range of motion. There was positive Tinel's sign at the ulnar groove. Grip strength was adequate. Current plan of care included medication and exercise program. The requested treatments include Abilify 2mg.

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 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 & Stress Chapter, Aripiprazole-Abilify.

Decision rationale: This patient presents with right sided neck pain, shoulder pain associated with numbness and burning sensation down her arm and low back discomfort. The current request is for Abilify 2mg #30. The RFA is dated 05/15/15. Treatment to date includes medication, pain consult, soft neck collar, transcutaneous electrical nerve stimulation (TENS) unit, and exercise program. The patient is not working. ODG-TWC, Mental Illness & Stress Chapter, Aripiprazole (Abilify) Section states: "Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." This patient has been prescribed Abilify for depression since at least 12/15/14. According to progress reports, the patient suffers from chronic pain and depression. She finds abilify "helpful". There is 50% reduction in pain, and 50% functional improvement with activities of daily living with the use of medications versus not taking them. In this case, the patient has a diagnosis of depression and the treater has documented medication efficacy. However, ODG guidelines do not recommend Abilify as a first-line treatment, since "there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." In addition, Antipsychotics are the first-line psychiatric treatment for schizophrenia and there is no indication that the patient suffers from schizophrenia. This request is not medically necessary.