MAXIMUS Federal Services

Case Number:	CM15-0174032		
Date Assigned:	09/15/2015	Date of Injury:	04/22/2009
Decision Date:	10/23/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is represented [redacted] beneficiary who has filed a claim for posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) reportedly associated with an industrial injury of April 22, 2009. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve requests for Cymbalta, Abilify, and Neurontin. The claims administrator referenced a June 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 20, 2014, the applicant reported ongoing issues with complex regional pain syndrome, upper extremity neuropathy, severe depression, impingement syndrome, and hearing loss. The applicant was asked to obtain a polysomnogram and a hearing aid. Diclofenac gel, prazosin, Cymbalta, Neurontin, and Abilify were endorsed. The applicant was kept off of work. Little-to-no seeming discussion of medication efficacy transpired. On May 21, 2015, diclofenac gel, prazosin, Cymbalta, Neurontin, and Abilify were renewed and/or continued while the applicant was kept off of work, on total temporary disability. Again, no seeming discussion of medication efficacy transpired. On January 21, 2015, prazosin, Cymbalta, Neurontin, Abilify, and diclofenac gel were endorsed, along with hearing aid supply and sleep appliance. Once again, the applicant was placed off of work, on total temporary disability. The applicant stated that Abilify helped a little bit. This was no elaborated upon. The applicant was described as having issues with insomnia and alleged blurry vision. Little seeming discussion of medication efficacy transpired. On April 22, 2015, the attending provider stated the applicant had various activity limitations associated with chronic pain and depression. Neurontin, Abilify, Cymbalta, prazosin, and diclofenac gel were all

renewed and/or continued. The applicant was asked to employ Pepcid. The applicant started having ongoing issues with severe depression. Little seeming discussion of medication efficacy transpired other than an isolated comment to the effect that Abilify was helpful. This was not elaborated upon, however. On July 20, 2015, it was acknowledged the applicant had ongoing issues with tinnitus, headaches, neck pain, back pain, and upper extremity paresthesias, shoulder pain, and depression, sleep disturbance, dizziness, and blurred vision. Work restrictions were endorsed. The applicant was described as a "qualified injured worker," suggesting that the applicant was not, in fact, working. On May 15, 2015, a psychiatric medical-legal evaluator noted the applicant had ongoing issues with depression, anxiety, and sleep disturbance resulting in the global assessment of function (GAF) of 51. The medical legal evaluator opined that the applicant's mental health prognosis was "guarded to poor."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg one every AM with refill times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antidepressants for chronic pain.

Decision rationale: No, the request for Cymbalta, an typical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressant such as Cymbalta may be helpful in alleviating symptoms of depression as were present here, and while page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta, an atypical antidepressant, can be employed off label for neuropathic pain, as was present here in form of the applicant's alleged upper extremity complex regional pain syndrome (CRPS), both recommendations are, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, the applicant was described as a "qualified injured worker," it was reported on July 22, 2015. Permanent work restrictions were imposed. The applicant was described as having issues with global assessment of functioning (GAF) of 55, it was reported on that date. An earlier progress note of April 22, 2015, suggested that the applicant had heightened complaints of numbness about the left thumb, ongoing complaints of activity limitations and ongoing issues with mood disturbance and severe depression present at that point in time. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite ongoing usage of Cymbalta. It did not appear that ongoing use of Cymbalta had generated material improvements in pain, depression, mood, and/or function. Therefore, the request was not medically necessary.

Abilify 2 mg one every AM with refill times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation U.S. Food and Drug Administration Abilify.

Decision rationale: The request for Abilify, an atypical antipsychotic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course with antipsychotics is "important," this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage, and so as to manage expectations. While the Food and Drug Administration (FDA) does acknowledge that Abilify is indicated in the treatment of schizophrenia, the treatment of manic disorder or manic associated bipolar disorder, and/or any acute treatment of agitation associated with either schizophrenia or bipolar disorder, here, however, there was no mention of the applicant's carrying diagnoses of either schizophrenia or bipolar disorder for which Abilify would have been indicated. While the attending provider stated on multiple occasions that ongoing usage of Abilify had proven beneficial, this was, however, contravened by commentary made on medical-legal evaluation of May 15, 2015 to the effect that the applicant's psychiatric prognosis was "guarded to poor," by commentary made on July 22, 2015 to the effect that the applicant was a qualified injured worker and had a 23% whole person impairment rating from a mental health perspective, and by the attending provider's failure to outline meaningful, material, and/or substantive improvements in mood and/or function effected as a results of ongoing Abilify usage. While the attending provider stated on several occasions that Abilify was helpful, this was not elaborated or expounded upon. The applicant's failure to return to work and continued depressive symptoms, moreover, strongly suggested that the applicant had in fact failed to profit from ongoing Abilify usage in terms of functional improvement parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.

Neurontin 300 mg one three times a day with refill times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Finally, the request for Neurontin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. Page 19 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants on

gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, the applicant remained off-of work, it was acknowledged on multiple office visits, referenced above. The applicant's primary treating provider (PTP) acknowledged on April 26, 2015, the applicant had heightened complaints of numbness and upper extremity paresthesias, despite ongoing usage of Neurontin. The applicant was described on July 26, 2015 as a "qualified injured worker" owing to his various chronic pain and depressive symptoms. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Neurontin (gabapentin). Therefore, the request was not medically necessary.