

<b>Case Number:</b>	CM15-0174306		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: 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 55 year old female who sustained an industrial injury on 04-14-10. A review of the medical records indicates the injured worker is undergoing treatment for right knee internal derangement, left knee posttraumatic arthritis, left hamstring avulsion, right hamstring partial tear, lumbar degenerative disc and degenerative joint disease with sprain, left lower extremity sciatica, cervical degenerative disc and degenerative joint disease with upper extremity radiculopathy, right shoulder humeral head fracture and labral tear, right lunar collateral ligament tear, right upper extremity septic thrombophlebitis, closed head injury, depression, right shoulder sprain, right elbow contusion sprain, right fifth finger sprain, right knee patella femoral contusion, right calf contusion wit infection, and right hamstring tear avulsion. Medical records (08-03-15) reveal the injured worker complains of pain rated at 2-8/10. She reportedly can it 45 minutes, stand 15 minutes, and walk 20 minutes and lift 8 pounds. The physical exam (08-03-15) reveals tenderness in the neck, low back, left buttock, piriformis, and particularly the left ischium-hamstring insertion. The left knee shows deep tenderness along the joint line peripatellar and slight tenderness about the patellofemoral joint and joint line with crepitation with extension and flexion. Treatment has included medications including oxycodone, OxyContin, Vicodin, non-steroidals, muscle relaxants, exercise, cervical and lumbar epidural steroid injections, TENS, a custom brace, physical therapy, shoulder surgery, cognitive behavioral therapy, SynVisc injections, and an ulnar collateral ligament repair. The original utilization review (08-17-15) non-certified the request for Abilify, Lunesta, Lidocaine patches, and Botox injections to the left buttocks and hamstring.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 5mg #90 with 5 refills:** 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 Procedure summary, 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:** Official Disability Guidelines (ODG) is 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. According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. In this injured worker, within the submitted medical records, information cannot be found about psychiatric diagnosis. Review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining any measurable objective evidence of functional benefits. Therefore, the request is not medically necessary.

**Cymbalta 30mg #270 with 2 refills:** 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): Antidepressants for chronic pain.

**Decision rationale:** According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this case, there is no documentation of objective functional benefit with prior medication use. The medical necessity for Cymbalta has not been established. The requested medication is not medically necessary.

**Lidoderm patches #90 with 1 refill:** 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): Topical Analgesics.

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the use of Lidoderm patches. Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Guidelines also state that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation submitted does not provide clear evaluation of the use of any first-line therapy medications referenced above. Therefore, the request for Lidocaine patches #90 with 1 refill is not medically necessary.

**Botox injection to left buttock/hamstring:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Botulinum toxin (Botox; Myobloc); Head Chapter, Spasticity following TBI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Botulinum toxin (Botox).

**Decision rationale:** As per CA MTUS guidelines, Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for tension type headache, migraine headache, fibromyositis, chronic pain syndrome, myofascial pain syndrome, and trigger point injections. It is recommended for cervical dystonia and chronic back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Per ODG criteria Cervical dystonia is a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. When treated with BTX-B, high anti-genicity limits long-term efficacy. Botulinum toxin A injections provide more objective and subjective benefit than trihexyphenidyl or other anti-cholinergic drugs to patients with cervical dystonia. As per above guidelines there is no indication for Botox injection to left buttock/hamstring. The Requested Treatment: Botox injection to left buttock/hamstring is not medically necessary.