

Case Number:	CM15-0072589		
Date Assigned:	04/22/2015	Date of Injury:	05/28/1999
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 5/28/99. She has reported initial complaints of neck and left shoulder pain with work injury. The diagnoses have included cervicgia, pain in joint of shoulder region and pain in joint of lower leg. Treatment to date has included medications, diagnostics, activity modifications, and home exercise program (HEP). Currently, as per the physician progress note dated 3/4/15, the injured worker complains of neck and left shoulder pain that was constant and sharp and rated 9/10 on average pain scale and with medications it was rated 5-6/10. The pain has decreased from last visit which was 10/10 without medications and 7/10 with medications. She was retired and not working and for exercise she goes to the gym. The objective findings revealed that there was pain present, left upper extremity with decreased strength, there was decreased sensation to light touch in the left upper extremity, there was tenderness along the cervical spinous process with increased pain in the scapular region. The physician noted for her to continue medications for nerve pain and depression. The physician requested treatments included Ability 10mg #30 and Elavil 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Mental Health and Illness Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress Aripiprazole (Abilify) (2) Mental Illness & Stress Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The claimant has a remote history of a work injury occurring more than 15 years ago and continues to be treated for neck and left shoulder pain. When seen, she was having pain rated at 9/10 without medications which was decreased to 5-6/10 with medications. She was noted to be retired. Physical examination findings included decreased upper extremity strength and sensation. There was cervical spine as process tenderness. Medications being prescribed included Abilify for the treatment of depression due to pain. Also being prescribed were Cymbalta 60 mg two times per day and Zoloft 50 mg one time per day. Aripiprazole (Abilify) is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not recommended as a first line treatment. In this case, the claimant is already taking Zoloft and Cymbalta for depression and Elavil, another anti-depressant, for neuropathic pain. However, she does not have a diagnosis of major depressive disorder and therefore Abilify was not medically necessary.

Elavil 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elavil (amitriptyline). Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, p13-15 Page(s): 13-15. Decision based on Non-MTUS Citation Elavil Prescribing Information.

Decision rationale: The claimant has a remote history of a work injury occurring more than 15 years ago and continues to be treated for neck and left shoulder pain. When seen, she was having pain rated at 9/10 without medications which was decreased to 5-6/10 with medications. She was noted to be retired. Physical examination findings included decreased upper extremity strength and sensation. There was cervical spine as process tenderness. Medications being prescribed included Abilify for the treatment of depression due to pain. Also being prescribed were Cymbalta 60 mg two times per day and Zoloft 50 mg one time per day. Antidepressant medication for the treatment of chronic pain is recommended as a first line option for neuropathic pain and tricyclics medications are generally considered a first-line agent. The starting dose for Elavil (amitriptyline) may be as low as 10-25 mg at night, with increases of 10-25 mg once or twice a week. Although usual dosing is up to 100 mg/day, dosages of 150 mg per day can be considered. In this case, the requested Elavil was medically necessary.

