

Case Number:	CM15-0074383		
Date Assigned:	04/24/2015	Date of Injury:	09/17/2009
Decision Date:	06/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/20/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 53-year-old female, who sustained an industrial injury on September 17, 2009, incurring head, upper extremities, neck, and shoulder injuries. She was diagnosed with a neck sprain, myofascial pain and major depression. Treatment included physical therapy, acupuncture, pain management, cognitive behavior therapy, and antidepressants. Currently, the injured worker complained of persistent neck pain, headaches, low back pain and shoulder pain. The treatment plan that was requested for authorization included a hemoglobin Glycosylated (A1C) laboratory test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemoglobin; glycosylated (a1c:) QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate drug information: abilify.

Decision rationale: This injured worker has been treated for chronic pain and major depression with multiple medications, including Abilify. Abilify or aripiprazole is an atypical anti-psychotic. This class of medications can be associated with cerebrovascular adverse events, neuroleptic malignant syndrome, tardive dyskinesia, metabolic changes such as diabetes or hyperglycemia, dyslipidemia, weight gain, orthostatic hypotension, dysphagia and suicide. The provider visit fails to document a discussion of such side effects to justify the rationale for a hemoglobin A1C. Additionally, normal fasting blood glucoses were documented on prior studies within the past year so the records do not document medical necessity for a glycosylated A1C hemoglobin. The request IS NOT medically necessary.