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| Case Number: | CM15-0096230 | | |
| Date Assigned: | 05/26/2015 | Date of Injury: | 09/15/2011 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 05/13/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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: 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 injured worker is a 55 year old female, who sustained an industrial injury on 9/15/11. She reported initial complaints of neck, back and left ankle. The injured worker was diagnosed as having restless leg syndrome; depression; chronic myofascial pain; degenerative disc disease cervical; cervical stenosis; degenerative disc disease lumbar spine;. Treatment to date has included status post Left L4-L5 paramedian interlaminar epidural steroid injection/epidurogram (7/6/12); C7-T2 interlaminar epidural steroid injection/epidurogram (9/12/12); acupuncture; physical therapy; medications. Diagnostics included EMG/NCS lower extremity (1/9/12); MRI cervical spine (11/4/2011); MRI lumbar spine (11/4/2011).Currently, the PR-2 notes dated 4/30/15 indicated the injured worker was in this office on this date for further evaluation of neck, back, and left ankle pain. She was last seen on 4/2/15 and since that time has been attending cognitive behavioral therapy with another physician. Those physicians recommended increasing the dosage of her Prozac and add Abilify. She continues to have benefit from medications and states without the Norco and Motrin her pain level would range up to 7/10 in intensity with these medications her pain level is decreased by 50% to 3/10 and more functional. She presents in mild distress and rocking in the chair due to upper back and cervical pain. She appears anxious and concerned about ongoing pain. She is requesting a repeat of epidural steroid injections. She states that prior injections reduced her pain close to 70% for well over 2 months. The provider's treatment plan includes a request for C7-T1 cervical interlaminar epidural injection and Abilify 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7-T1 cervical interlaminar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. The available records do not reveal subjective radiculopathy. Radiculopathy is not corroborated objectively with imaging studies and/or electrodiagnostic testing. The request for C7-T1 cervical interlaminar epidural injection is determined to not be medically necessary.

Abilify 2mg quantity 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 Illness and Stress, Atypical Antipsychotics.

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) Section.

Decision rationale: The MTUS Guidelines do not address the use of Abilify. Per the ODG, Abilify 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. The injured worker has been diagnosed with

depressive disorder and is treated with Prozac. In a recent progress report on 4/2/2015, her dosage of Prozac was increased. According to available documentation, she has not had a psychiatric evaluation to date. The addition of Abilify is made prior to assessing the efficacy of the increased dose of Prozac. The request for Abilify 2mg quantity 30 is determined to not be medically appropriate.