

Case Number:	CM13-0027650		
Date Assigned:	03/17/2014	Date of Injury:	03/06/2006
Decision Date:	05/29/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old male patient with a 3/6/06 date of injury. A 9/29/11 progress note identifies that the patient complained of anxiety/depression, low back pain and right lower extremity pain. The patient endorsed sleeping two hours per night. Discussion stated that as a result of the injury in question, the patient has developed depression/anxiety with suicidal/homocidal thoughts, as well as sleeping difficulty, and has received psychiatric medication. There is documentation of an adverse determination due to lack of guidelines support for the use of atypical antipsychotics for conditions covered in the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ABILIFY 5MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anxiety medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Health.

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 And Stress Chapter, Aripiprazole.

Decision rationale: CA MTUS does not address this issue. ODG states that 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. There is no indication that this patient suffers from schizophrenia. There is no discussion of response to psychiatric medications. The medical necessity has not been established.