MAXIMUS Federal Services

Case Number:	CM13-0064201		
Date Assigned:	06/09/2014	Date of Injury:	03/24/2010
Decision Date:	07/24/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/11/2013

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

The patient is a 52 year old male with a history of Spinal Stenosis and Major Depressive Disorder. The patient has had persistent symptoms despite ongoing medication use. Evidently the patient suffers from severe depression and suicidal thinking. Last winter it is reported that he was interrupted by the staff at the rehab facility where he had been residing while he was trying to cut his wrists. He has been on Cymbalta with maximization of the dose at 120 mg daily with unsatisfactory results. He has been on Wellbutrin in the past and has been under increased stress due to impending divorce. The provider is requesting coverage for Abilify 5 mg daily, number 30. The request was denied due to lack of medical necessity. This request is an appeal of the for Abilify 5 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABILIFY 5 MG QUANTITY 30 TABLETS: 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 Official Disability Guidelines (ODG) Mental and Stress, Procedure Summaryx Other Medical Treatment Guideline or Medical Evidence: Practice

Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, APA, October 1st, 2010.

Decision rationale: The above cited reference states that Abilify is not recommended as a first line treatment for conditions covered in the ODG due to insufficient evidence supporting use of second generation antipsychotics in conditions other than schizophrenia and bipolar disorder. The ODG indicates that recent data indicate that "adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults (and) that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm". There are numerous other evidence based augmentation strategies available and ECT is considered the most effective treatment for depression according to the APA practice guidelines, especially in patients who are suicidal. The data reviewed in sum do not therefore establish medical necessity for Abilify according to current evidence based best practice standards, clinical research and expert consensus as set forth in the ODG and APA Practice Guidelines. Therefore, the request is not medically necessary.