

Case Number:	CM14-0012753		
Date Assigned:	02/21/2014	Date of Injury:	11/13/2000
Decision Date:	09/29/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 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:

The injured worker is a 44 year old female who was injured at work on 11/13/2000. She was lifting a tote of vials, when she experienced a sudden "pop" in her lower back, and severe pain. She subsequently developed persistent chronic pain. Treatment included rest, physical therapy, and later, surgical fusion of the cervical spine, and then fusion of the lumbar spine. Post-operatively, she suffered urinary incontinence, and developed peripheral neuropathy with pain and numbness in the lower extremities. She utilizes a motor chair and cannot walk due to severe foot pain. Due to chronic pain and infirmity, she became increasingly depressed. She was diagnosed with Major Depression, Moderate. Her mental health symptoms were treated with sessions of cognitive behavioral therapy (CBT), as well as psychotropic medication treatment for symptoms of depression. In 2013, the injured worker was prescribed Zoloft, and then Viibryd. These medications were discontinued, and she was prescribed Adderall, in addition to medications to treat muscle spasms and pain (Vicodin, Baclofen, Lorazepam, OxyContin). As of the 1/9/14 progress report by the treating physician, the injured worker was described as more irritable and depressed. The Adderall and Lorazepam were discontinued, and Abilify 2mg was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABILIFY 2MG #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 CHAPTER, ARIPIPRAZOLE (ABILIFY) AND CHRONIC PAIN CHAPTER, ATYPICAL ANTIPSYCHOTICS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Antipsychotics (Abilify).

Decision rationale: MTUS guidelines indicate that antipsychotic medications should be continued if already started. However, these medications can also cause decreased motivation and reduced effectiveness at work. The medication Abilify (aripiprazole) is a medication in the antipsychotic class. The ODG guidelines indicate that Ability is not recommended as a first-line treatment, and there is insufficient evidence to recommend their use for conditions covered in ODG. The injured worker is no longer prescribed an antidepressant medication (since Zoloft and Viibryd were discontinued), so that the use of Abilify would represent a first-line treatment for the injured worker's depression secondary to chronic pain. A more appropriate treatment plan would be to utilize an antidepressant medication to treat depression, and not an antipsychotic medication. As such, the request is not medically necessary.