

<b>Case Number:</b>	CM14-0016270		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/22/2005
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Family Practice 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 71 year old male claimant sustained a work injury on 8/22/05 involving the chest, face and back. He was diagnosed with multiple rib fractures, orbital fracture, thoracic and lumbar vertebral fractures and adrenal hemorrhage. He was additionally diagnosed with major depressive disorder and neuropathic pain. As of November 2013, he had been treated with Abilify and Effexor by a psychiatrist. He had difficulty sleeping and was placed on Lunesta. A subsequent visit with his psychiatrist in December 2013 and January 2014 did not indicate he was on those medications or was able to receive his refills. The claimant had continued feelings of depression with difficulty sleeping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ABILIFY 1MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website PDR, <https://www.pdr.net/drug-summary/abilify?druglabelid=2332>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness.

**Decision rationale:** The MTUS guidelines discuss anti-depressants as it relates to pain. The claimant had been using Abilify which is an antidepressant/anti-psychotic for major depression. 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. In addition, the claimant was not diagnosed with schizophrenia. There was no mention of the need for two anti-depressants (Effexor and Abilify). The follow-up notes did not indicate the claimant was to continue Abilify. The request for Abilify is not medically necessary.