

Case Number:	CM14-0120148		
Date Assigned:	08/06/2014	Date of Injury:	09/21/2007
Decision Date:	09/11/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/30/2014

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 Adult 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:

This patient is a 45 year old male who was injured in September of 2007. Apparently he has a history of Major Depressive Disorder. In February of this year Abilify 2 mg daily was added apparently due to persistent depressive symptoms. In April his medications were indicated as Cymbalta 60 mg daily, Elavil 150 mg daily, trazodone 50 mg at hs and Abilify 2 mg daily. Evidently he had experienced an improvement in mood since the Abilify had been added. The provider had requested coverage for Abilify with one refill but unfortunately did not specify a schedule or dose. This report represents an independent review of the previous reviewer's decision to deny coverage for Abilify #60, refill times 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify, #60, one refill (prescribed 4-10-14): 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 & Stress Chapter, Atypical Antipsychotics;
<http://www.ncbi.nlm.gov/pubmedhealth/PMH0000221/>.

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.

Decision rationale: ACOEM indicates that continuation of antipsychotic medications is important but is equivocal regarding their use due to a side effect profile which may interfere with a return to work. ODG indicates that they are not indicated for conditions covered in that manual due lack of evidence regarding efficacy. Given this information, the presence of numerous evidence based alternatives for antidepressant augmentation, the fact that the patient was not on an established antipsychotic medication regime and the lack of a dosage or schedule for the requested medication, medical necessity for Abilify #60, R times 1 is not established as indicated according to current clinical research, evidence based best practice standards and expert consensus as set forth in the ODG and ACOEM.