

<b>Case Number:</b>	CM14-0133442		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	10/11/2003
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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:

Injured worker is a 51 year old male with date of injury 10/11/2003. Date of the UR decision was 8/14/2014. Mechanism of injury was described as loading and unloading heavy stuff from the trucks which resulted in shoulder and back injury. Per progress report dated 12/6/2012, injured worker was diagnosed with major depressive disorder, first episode and anxiety disorder NOS. He was being prescribed Paxil 20 mg daily and Ativan 0.5 mg twice daily per that report. Psychiatric progress report dated 10/4/2013 suggested that he had been started on Abilify and had been compliant with and reported no side effects. It was suggested that he continued to be depressed and was no longer taking the Wellbutrin. He was continued on Paxil and Ativan per that report. He was being prescribed Abilify 2 mg daily, Paxil 30 mg daily and Ativan 0.5 mg twice daily. His medical problems listed in that report were type II diabetes mellitus and history of pancreatitis. Report dated 11/18/2013 suggested that he was experiencing significant anxiety and somatic symptoms as he ran out of medications. He was given samples of Wellbutrin XL 300 mg and Abilify 5 mg. report dated 1/31/2014 suggested that he was unable to purchase Abilify and Ativan as it was denied by the insurance carrier. It was indicated that ever since discontinuing Abilify, he had been experiencing significant difference in his anxiety, depression and somatic symptoms but was no longer presenting to the emergency department due to the cost report dated 2/14/2014 also requested for authorization for Abilify.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 5mg #30 with one refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stres & Mental Illness, < Aripiprazole (Abilify) > Other Medical Treatment Guideline or Medical Evidence: FDA. Gov- Aripiprazole (Abilify).

**Decision rationale:** Abilify is FDA approved for use in Schizophrenia, Bipolar Disorder, for Major Depressive Disorder (MDD) as an adjunct to antidepressants for the treatment of MDD. ODG guidelines state that Aripiprazole (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. According to a recent Cochrane systematic review, Aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. (Khanna, 2014) Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. (FDA, 2014)The request for Abilify 5mg #30 with one refill is not medically necessary. Upon review of the submitted documentation, it is evident that he has been tried on only one SSRI medication i.e. Paxil so far and has been on Wellbutrin for some time. Abilify has risk for metabolic side effects and the injured worker has comorbid diabetes mellitus type II. Abilify is recommended as an adjunct to antidepressants for the treatment of MDD. However, trial of other SSRI's, SNRI's before use of an atypical antipsychotic would be recommended. Thus, the request for Abilify 5mg #30 with one refill is not medically necessary at this time.