

<b>Case Number:</b>	CM14-0159786		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/28/2007
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 61 year old male who sustained a work injury on 8-28-07. The claimant is undergoing psychotherapy for a diagnosis of major depressive disorder. Per office visit on 5-8-14 notes the claimant's medications include Ability, Klonopin and Zoloft. Office visit on 8-28-14 shows the claimant is better. He is somewhat stabilized. He has been on Klonopin, Zoloft and Abilify now for several years. It seems that this combination of medications is finally working. There was no reason to change the medications at this point. He is doing as well as can be expected at this point.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter - Ability

**Decision rationale:** ODG notes that 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. This claimant has a diagnosis of major depressive disorder, a condition for which this medication is not indicated. Therefore, the medical necessity of this request is not established.