

<b>Case Number:</b>	CM14-0040664		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/28/1999
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 claimant is a 54-year-old female who sustained a work-related injury on May 28, 1999 involving the neck, left knee and left leg. She was found to have weakness and decreased sensation in the left upper extremity. She had tenderness to palpation in the cervical region. Her pain had been managed with anti-inflammatories, tricyclic and SSRI (selective serotonin reuptake inhibitor) antidepressants. She was given Xanax for cervical spine spasms. The treating physician provided Abilify for depression due to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 10mg #30 for the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Antidepressants and pg 15 Page(s): 15.

**Decision rationale:** Abilify is a dopamine agonist indicated for bipolar disorder, schizophrenia, and depression. In this case the claimant had already been treated with other antidepressants-including Elavil, Zoloft and Cymbalta. There is no indication that these medications were not sufficient to treat her depression. According to the guidelines, long-term effectiveness of

antidepressants has not been established. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In addition there are no supporting consultations from a behavioral specialist to support the need for extensive use of several anti-depressants for pain and depression. Therefore, Abilify is not medically necessary based on the above.