

Case Number:	CM14-0049074		
Date Assigned:	07/02/2014	Date of Injury:	06/28/2007
Decision Date:	08/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/16/2014

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 Illinois. 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 injured worker is a 60-year-old male who reported an injury on 08/28/2007. The injured worker has been utilizing the medications Zoloft, Abilify 15 mg, and Klonopin since at least 10/2013. The mechanism of injury was not provided. The surgical history was not provided. The documentation of 03/06/2014 revealed the injured worker had not done well without psychotherapy. The injured worker indicated he felt alone and in despair without therapy. The physician opined the injured worker had a possibly he would hurt himself and needed to return to psychotherapy. The BECK Depression Inventory was 28, which revealed a moderate amount of depression and the injured worker's BECK Anxiety score was 18 which revealed a moderate amount of anxiety. The injured worker scored a 15 on the BECK Hopelessness Scale, indicative of a severe amount of hopelessness. The physician documented the facial expressions suggested moderate apprehension, sadness, and a decreased variability expression. The affect was appropriate. The injured worker had complaints of fatigue, weakness, visual difficulties and grinding of teeth, anxiety, fear, denial, uncertainty, depression, anger, apprehension, and feeling overwhelmed. The injured worker had complaints of confusion, blaming others, poor attention, nightmares, poor decisions, lowered alertness, memory problems, poor concentration, poor problem solving, and poor abstract thinking, as well as changes in activities, withdrawal, suspiciousness, and loss of appetite. The diagnoses on Axis 1 included major depression and pain disorder. The treatment plan included medications of Ability, Klonopin, and Zoloft, as the injured worker indicated he does well with the medications, and a continuation of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 15 mg days 30 quantity :30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Abilify, (Aripiprazole).

Decision rationale: The Official Disability Guidelines do not recommend Abilify as a first-line treatment. It is an antipsychotic. The clinical documentation submitted for review indicated the patient was doing well on the medication. It indicated the injured worker had been utilizing the medication since at least late 2013. There was a lack of documentation of objective functional improvement to support the necessity for ongoing treatment. The frequency was not provided per the request. Given the above, the request for Abilify 15 mg, days 30, quantity 30, is not medically necessary.