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| Case Number: | CM14-0065998 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 05/30/2012 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 04/28/2014 |
| Priority: | Standard | Application Received: | 05/08/2014 |

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 Occupational Medicine 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:

A 55-year-old male with chronic back and knee pain, major depressive disorder, generalized anxiety disorder and PTSD (Post-Traumatic Stress Disorders).

IMR ISSUES, DECISIONS AND RATIONALES

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

Viibryd 40 mg #30: Overturned

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 and Stress, Vilazodone.

Decision rationale: According to ODG guidelines, Viibryd (Vilazodone) is, not recommended for pain. Recommended for PTSD (Post-Traumatic Stress Disorder) and Major Depressive Disorder (MDD). In this case the patient is diagnosed with Major Depressive Disorder (MDD). According to medical records the patient has had multiple changes to his medication regimen for poorly controlled depression. Medical necessity is established for Vilazodone, an SSRI, at this time. However, continued use of this medication should depend upon positive outcomes going forward.

Abilify 2mg #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 and Stress, Aripipazole, Atypical Antipsychotics, PTSD Pharmacotherapy.

Decision rationale: According to ODG guidelines, Abilify (Aripiperazole) is, not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., Quetiapine, Risperidone) for conditions covered in ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. There is insufficient evidence to recommend atypical antipsychotics (Olanzapine, Quetiapine, Risperidone, Ziprasidone, Aripiperazole) for the treatment of PTSD (Post-Traumatic Stress Disorders). In this case Abilify is prescribed to augment the effect of Viibryd according to medical records. However, guidelines do not recommend Abilify for this purpose. Abilify is also not recommended for PTSD (Post-Traumatic Stress Disorders). Further, there is no discussion of psychotic symptoms or schizophrenia. There is no discussion of treatment response to Abilify. Therefore, the request of Abilify 2mg #30 is not medically necessary and appropriate.