

Case Number:	CM14-0071429		
Date Assigned:	07/16/2014	Date of Injury:	04/25/2012
Decision Date:	10/02/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/16/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for posttraumatic stress disorder and major depressive disorder reportedly associated with an industrial injury of April 20, 2012. Thus far, the applicant has been treated with psychotropic medications and psychological counseling. In a Utilization Review Report dated April 20, 2014, the claims administrator denied a request for Abilify. The applicant's attorney subsequently appealed. In a June 20, 2014 progress note, the applicant reported persistent complaints of depression, anxiety, mildly intrusive thoughts and dreams. The attending provider complained that the applicant had not received the Abilify medication at issue. The applicant was on Klonopin, Ambien, and Celexa, it was stated. The applicant was asked to continue medications and biofeedback. In a biofeedback note dated June 9, 2014, the applicant stated that she was very worried about the possibility of being involved in school violence. The applicant was having issues with flashbacks. In a note dated May 8, 2014, the attending provider stated that he was employing Abilify in an FDA-approved role, to potentiate the effects of Celexa, an antidepressant medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg #30, 6 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment, Integrated Treatment/Disability Duration Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Abilify Medication Guide

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does note that continuing an established course of antipsychotics is important, in this case, the attending provider has suggested that he is employing Abilify for another purpose, namely as an adjunctive medication for major depressive disorder. As noted by the Food and Drug Administration (FDA), Abilify is an atypical antipsychotic which is indicated in the "adjunctive treatment of major depressive disorder," as is present here. The attending provider stated that he intends to employ Abilify to potentiate the applicant's primary psychotropic medication, Celexa. This is an FDA-approved role for Abilify. A trial of the same is indicated, particularly in light of the fact that monotherapy with Celexa has proven inadequate here. Therefore, the request is medically necessary.