

Case Number:	CM14-0078370		
Date Assigned:	07/18/2014	Date of Injury:	06/17/2010
Decision Date:	10/16/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/28/2014

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 Nevada. 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 records, presented for review, indicate that this 52-year-old male was reportedly injured on 6/17/2010. The most recent progress note, dated 5/7/2014, indicated that there were ongoing complaints of chronic low back pain and major depressive disorder. The physical examination demonstrated psychiatric symptoms and pain has improved. Patient seemed a little brighter today. No recent diagnostic studies are available for review. Previous treatment included previous lumbar surgery, medications, mental health care, and conservative treatment. A request had been made for Abilify 5 mg #30 with one refill and was not certified in the pre-authorization process on 5/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5 mg # 30 x 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation - Mental Illness and Stress Procedure Summary last updated 04/09/2014

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. Amplify. Updated 6/12/2014.

Decision rationale: Abilify is medication that is primarily used for the treatment of schizophrenia, bipolar disorder, and major depressive disorder. ODG guidelines do not recommend it as a 1st-line treatment. Guidelines state there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. This is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness and data is lacking. Therefore, this request is not medically necessary.