

Case Number:	CM14-0082468		
Date Assigned:	08/06/2014	Date of Injury:	03/27/1999
Decision Date:	09/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	06/04/2014

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 Internal 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 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 45-year-old woman whose primary diagnosis is posttraumatic brain injury and post-concussion syndrome. The injury occurred on March 27, 1999. The mechanism of injury involves a failed attempt at apprehending a shoplifter who ran over the injured in a parking lot. Her symptoms include headache, occipital pain, and cognitive complaints along with dizziness and depression. This was documented on the primary provider documents that were reviewed including the latest note from August 7, 2013. A prior neuropsychological testing evaluation and a Qualified Medical Evaluation were also reviewed. These were done in the remote past but provide chronology and diagnostic information that is relevant. The request is for Abilify 5 mg, 30. According to the nurse practitioner's note from May of 2014, the patient has tried multiple anti-depressants in the past for chronic pain and has not succeeded in controlling pain but she has indeed responded to Abilify therapy in the domain of pain control and improvement of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg, qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Disorders Aripiprazole, updated 6/12/2014.

Decision rationale: The Expert Reviewer's decision rationale: There are no clinical records indicating failure of treatment of antidepressant medications that have a beneficial effect on chronic pain in most patients, including tricyclic compounds, Venlafaxine and Duloxetine. There is no documentation regarding the use or trial of anti-epileptic therapies such as Pregabalin and Gabapentin, which also have beneficial effects in chronic pain syndrome related problems. Further, the patient has, based on the QME and neuropsychological testing provided, albeit remotely, a significant history of depression, personality changes and anxiety in the setting of moderate traumatic brain injury. The injured worker had frontal lobe dominant symptoms and personality change with cognitive problems such as attention, cognitive flexibility, and concentration, even when she was declared permanent and stationary. She also had flashbacks of her traumatic event once a week. As such, she has a complicated comorbid disorder that is part biologic and part psychological. Therefore, psychopharmacology on a patient such as her should be conducted in coordination with a psychiatrist who is experienced in traumatic brain injury and post-concussion syndrome therefore, the request for Abilify is not medically necessary.