

Case Number:	CM14-0098186		
Date Assigned:	09/12/2014	Date of Injury:	02/10/2006
Decision Date:	10/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 injured worker is a 54 year old female injured on 02/10/06 due to an undisclosed mechanism of injury. Treatment to date includes physical therapy, acupuncture treatment, lumbar fusion x 2, and medication management. Diagnoses include status post lumbar fusion x2, lumbar radiculopathy, cervical radiculopathy, cervical myofascial complaints sprain/strain, psychological issues including non-suicidal depression, sleep disorder and anxiety, chronic pain syndrome, and right sacroiliitis. Clinical note dated 04/16/14 indicates the injured worker presented early for medication refill due to inability to wean OxyContin. The injured worker complained of aching and burning pain in the upper back rated at 8/10, stabbing pain at the left leg to the lateral aspect of the tibia, pain to the low back with radiation to the right hip and occasional numbness and tingling to the bilateral lower extremities, right greater than left. Medications included OxyContin, gabapentin, Lidoderm and Norco. The injured worker reported medications helped to decrease pain and improve ability to stand and sit for long periods of time. The documentation indicates the injured worker also utilized Soma, Abilify and Lexapro which were being prescribed by [REDACTED]. Clinical note dated 05/29/14 indicates the injured worker presented for evaluation of mood swings. The documentation indicates the injured worker continued to make slow progress with medications without side effects. Chronic pain continued which exacerbated the depression and anxiety. Examination revealed suicidal or self-injurious ideas or impulses convincingly denied, affect congruent to mood, hallucination and delusions denied and no thought disorder, cognitive functioning intact and age-appropriate, and injured worker fully oriented. Diagnoses include bipolar, mixed, severe without psychotic disorder, borderline personality disorder. The initial request was non-certified on 05/27/14. There was no documentation provided discussing the request for Abilify, ongoing use, or medication efficacy. The lack of documentation limits the ability to establish the injured worker's current

clinical status and substantiate the medical necessity of the requested medication. As such, the request for 30 tablets of Abilify 2 mg cannot be recommended as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TABLETS OF ABILIFY 2MG: 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 , Aripiprazole (Abilify)

Decision rationale: As noted in Official Disability Guidelines - Online version, Abilify is not recommended as a first-line treatment. There was no documentation provided discussing the request for Abilify, ongoing use, or medication efficacy. The lack of documentation limits the ability to establish the injured worker's current clinical status and substantiate the medical necessity of the requested medication. As such, the request for 30 tablets of Abilify 2 mg cannot be recommended as medically necessary.