

Case Number:	CM14-0098602		
Date Assigned:	07/28/2014	Date of Injury:	06/04/2001
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
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 Psychiatry 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:

Injured worker is a 50 year old female with date of injury 6/4/2001. Date of the UR decision was 5/28/2014. Report dated 7/25/2014 suggested that she complained of pain in the right fingers and thumb which had been going on for for more than 10 years. The pain was reported to radiate to the right shoulder, right upper arm, right forearm, right hand, right upper extremity and neck. She reported onset of pain while lifting weight of three boxes on a three foot stack at work. Per that report, she was feeling frustrated because of pain, had muscle cramps, non-restful sleep, numbness, tingling and insomnia. She reported utilizing Roxicodone in conjunction with Intrathecal pain pump to manage her pain. She was prescribed Abilify 5 mg tablet 1 Tablet At Bedtime for depression/anxiety secondary to injury and pain per the report. Also she was prescribed Xanax 0.5 mg four times daily, Roxicodone, Lorzone, Cymbalta and was continued on the Intrathecal pump containing fentanyl, baclofen, Marcaine, clonidine. It was suggested that a trial of Abilify was authorized on 1/27/2014 but in the subsequent reports, he still continued to report the same psychiatric symptoms secondary to the chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Atypical Antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Aripiprazole (Abilify).

Decision rationale: Aripiprazole (Abilify): Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Upon review of the submitted documentation, it is suggested that she was prescribed Abilify 5 mg tablet 1 Tablet At Bedtime for depression/anxiety secondary to injury and pain. Abilify is an Atypical Antipsychotic with some role as an adjunct to antidepressants for the treatment of Major Depressive Disorder. However, in this case the Abilify is not medically necessary since the injured worker does not have diagnosis of Major Depressive Disorder but suffers from depression/anxiety symptoms related to chronic pain and also because the use of Abilify in this case is off.