

Case Number:	CM13-0065891		
Date Assigned:	01/03/2014	Date of Injury:	07/05/2011
Decision Date:	03/06/2015	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male 37-year-old who sustained continuous trauma from 7/15/10 to 7/5/11. The records do not indicate how the injury occurred. He was diagnosed with major depression without psychotic features, chronic pain syndrome associated with a general medical condition and psychological factors and anxiety disorder, NOS. Medications include Mirtazapine, Abilify and Benadryl. Surgeries include low back reconstructive surgery. Lower extremity pain was improved and he rehabilitated himself by walking and exercising at the gym. Office visit note for 11/8/2013 states his mood is better and he planned to register for college. The treating physician requested Abilify 5 mg at bedtime with 6 refills. Utilization Review of 12/02/13 non-certified the requested Abilify 5 mg at HS with 6 refills citing ODG recommendations that there is insufficient evidence to recommend atypical antipsychotics for conditions covered by the ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

ABILIFY 5MG, #30, TAKE EVERY NIGHT AT BEDTIME, WITH SIX (6) REFILLS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress, Aripiprazole (Abilify)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS 2009 is silent regarding Abilify. ODG Atypical antipsychotics Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications.

Decision rationale: The patient's diagnosis is major depressive disorder without psychotic features. He is on Abilify, a second generation atypical antipsychotic approved for schizophrenia. Atypical antipsychotics are not recommended as first line treatment and there is insufficient evidence to recommend them for conditions covered in ODG. This request is therefore noncertified.