

Case Number:	CM14-0203749		
Date Assigned:	12/16/2014	Date of Injury:	07/07/1974
Decision Date:	02/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice 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:

This is a 66 years old male patient who sustained an injury on 7/7/1974. The current diagnosis includes lumbar degenerative disc disease, lumbar facet arthropathy, postlaminectomy syndrome, depression, PTSD, insomnia, skin cancer, and bilateral hip pain. Per the doctor's note dated 10/28/2014, he had complaints of low back pain and bilateral hip pain. The physical examination revealed 4/5 strength in both legs and decreased sensation in both legs and front thigh; low back-long surgical scar, hardware from T10 to S2 and negative straight leg raising test bilaterally. The medications list includes tramadol, wellbutrin and abilify. He has had multiple diagnostic studies including lumbar MRI and electro-diagnostic studies. He has undergone 5 lumbar surgeries, bilateral hip replacement in 2010 and neurological surgery in 2007. He has had psychiatric treatment for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RX: Abilify 5 Mg #30 (██████████): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Mental Illness & Stress (updated 11/21/14) Aripiprazole (Abilify).

Decision rationale: Abilify contains aripiprazole which is an anti-psychotic. Per the cited guidelines Abilify is "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.According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. (Khanna, 2014) Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. (FDA, 2014)." Evidence of schizophrenia and acute mania is not specified in the records provided. The cited guidelines do not recommend Abilify for this diagnosis. The medical necessity of 1 RX: Abilify 5 Mg #30 () is not fully established for this patient