

Case Number:	CM14-0072468		
Date Assigned:	07/16/2014	Date of Injury:	06/17/2010
Decision Date:	01/26/2015	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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 Psychiatrist (MD), 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 52 year old male with work related injury dated 06/17/2010. Date of the UR decision was 5/9/2014. He encountered low back pain status post lifting a refrigerator onto back of a truck. Per report dated 4/29/2014, the injured worker was being treated for Major Depression and Chronic Pain Syndrome and was being prescribed Bupropion XL 150 mg and Risperidone 1 mg daily. A three month prescription was provided to the injured worker at that visit. He was also being prescribed Valium and Norco. Per that progress report, he was prescribed Abilify 5 mg daily as an adjunct therapy. The injured worker reported significant feelings of isolation, had interrupted sleep. It was suggested that he was undergoing treatment with Cognitive Behavior Therapy and that he has attended at least 13 sessions so far. On 05/06/2014, Utilization Review non-certified the request for Abilify 5mg citing Official Disability Guidelines for Treatment in Workers Compensation. The Utilization Review physician stated the injured worker continues to suffer symptoms of major depression. However, cited guideline does not recommend this medication as there is insufficient evidence to support the use of Abilify for the treatment of depression. Furthermore, there is no indication of tried and failed medications. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Abilify 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Procedure Summary, and on Non-MTUS MD Consult Drug monograph last updated 09/26/2012

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

Decision rationale: Abilify is FDA approved for use in Schizophrenia, Bipolar Disorder, for Major Depressive Disorder as an adjunct to antidepressants for the treatment of MDD ODG states that Aripiprazole (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) There is no documentation regarding medications that have been tried in this case for Major Depression. ODG states that Aripiprazole (Abilify) is not recommended as a first-line treatment. The request for Abilify 5mg; unspecified quantity is not medically necessary.