

<b>Case Number:</b>	CM14-0093157		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/11/2007
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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. 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 58 year old male whose date of injury is 10/11/2007. During the course of fixing electrical wires he was electrocuted, sustaining injuries to the cervical area, low back, left hand, and a laceration of the nose. Treatments have included PT and chiropractic. His psychiatric diagnosis is PTSD. Medications include Effexor, Zoloft, Klonopin, and Abilify. The last office visit provided for review is from 04/24/2014 by [REDACTED] who noted that the patient had improved but plateaued. He spoke in a monotonal voice and was sad but better. His wife reported that he was smiling more. He denied suicidal ideation. He reported feeling desperate and tense, and felt anxious 2-3 days per week. When asked about his response to Klonopin the patient responded that he does not remember. No further records were provided for review.

### 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, Mental Illness & Stress Chapter, updated 2014, Aripiprazole (Abilify)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress 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

**Decision rationale:** The patient's diagnosis is PTSD. He is on antidepressants and the atypical antipsychotic Abilify, which is commonly used in the community as an augmentation strategy in conjunction with antidepressants. It is approved for schizophrenia. There is no rationale to support the use of Abilify in this patient, and there is insufficient evidence to recommend the use of atypical antipsychotics for conditions covered in ODG. This request is therefore noncertified.