

<b>Case Number:</b>	CM15-0001655		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/28/2003
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

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

The injured worker is a 59 year old male, who sustained an industrial injury on 02/28/2003. He has reported subsequent back and bilateral leg pain and was diagnosed with chronic pain syndrome, post laminectomy syndrome of the lumbar spine, lower back pain, lumbar/thoracic radiculopathy, neuralgia and insomnia. The injured worker was also diagnosed with major depression and anxiety. Treatment to date for pain has included oral and topical pain medication. Treatment for anxiety and depression has included cognitive behavioral therapy and oral anti-anxiety, anti-depressant and anti-psychotic medication. In a psychiatry progress note dated 11/10/2014, the psychiatrist noted that the medications all interacted to improve anxiety, depression, confusion, panic, emotional control and stress-intensified medical complaints and that removing one medication could cause worsened symptoms. The psychiatrist noted that despite the psychological improvement, the injured worker remained symptomatic with residuals requiring further treatment for depression, anxiety, insomnia and panic. The Beck Anxiety Inventory was noted to show the presence of severe depression. A request for authorization of a refill of Abilify was made. On 12/12/2014, Utilization Review non-certified a request for Abilify 5 mg #30 noting that this medication is not one of the agents commonly used as an adjunct with other psychiatric medicines for depression and anxiety. ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ablify 5mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Workers' Compensation, Mental Illness & Stress

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

**Decision rationale:** The MTUS Guidelines do not address the use of Abilify. Per the ODG, 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. 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. The medical records indicate that the injured worker has been diagnosed with major depressive disorder and is treated with Abilify as an adjunct. The requesting physician is a psychiatrist, and the injured worker is reported to have improved symptoms with the use of Abilify. Medical necessity of this request has been established within the recommendations of the ODG. The request for Ablify 5mg #30 is determined to be medically necessary.