

<b>Case Number:</b>	CM15-0002850		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old male who reported an injury on 02/12/2003. The mechanism of injury was not stated. The injured worker is currently diagnosed with major depressive disorder. The injured worker presented on 01/22/2015 for a follow-up evaluation. The provider noted that the injured worker's score on the Beck Depression Inventory suggested moderate to severe depression. On the suicide probability scale, the injured worker's score suggested a severe risk for suicide. During the evaluation, the injured worker admitted to suicidal ideation and denied intent or plan to act on such thoughts. The injured worker has participated in a course of individual psychotherapy. In addition, the injured worker had utilized Abilify 2mg. Further recommendations included continuation of the current medication regimen of Cymbalta 60 mg, Abilify 2 mg, and Ambien CR 12.5 mg. A Request for Authorization form was submitted on 01/22/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify Tab 2mg Qty 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Abilify (aripiprazole). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter.

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

**Decision rationale:** The Official Disability Guidelines do not recommend Abilify as a first line treatment option. Abilify is an antipsychotic medication. It is considered the first line psychiatric treatment for schizophrenia. According to the documentation provided, there was no mention of a failure of first line treatment. There is also no documentation of a diagnosis of psychosis or schizophrenia. There is no frequency listed in the request. Given the above, the request is not medically appropriate.