

<b>Case Number:</b>	CM15-0005455		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/24/1992
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2015

### 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: 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 69-year-old female who reported an injury on 01/24/1992. The mechanism of injury was repetitive motion. Diagnoses include status post right carpal tunnel release, status post right ulnar transposition and depression. Her past treatments were noted to include surgeries and medication. At her followup visit on 11/26/2014, the injured worker reported pain in her shoulder, neck, elbow, wrists and fingers. It was noted that she denied headache and agitation from use of Abilify. It was also noted that she had failed Prozac and Wellbutrin in the past. She was also being weaned off Lexapro due to weight gain. It was also noted that her psychiatrist managed her prescriptions for Lexapro and Abilify. However, psychiatric progress notes were not provided for review. Her medication list included omeprazole 20 mg daily, Norco 10/325 mg 4 times a day, Adderall ER 20 mg 4 times a day, Celebrex 200 mg daily, levothyroxine 150 mcg daily, aspirin 81 mg daily, Lexapro 20 mg 2 times a day needed, Lexapro 10 mg daily and Abilify 5 mg daily. It was recommended she continue her medications and continue weaning off Lexapro. It was noted that Abilify 5 mg was refilled to treat her depression related to her work injury. At her most recent followup on 12/29/2014, it was noted that Abilify would be tapered per peer physician. The treatment plan included discussing the tapering regimen for Abilify with the injured worker's psychiatrist.

### 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 ODG Mental Illness and Stress (web: updated 11/21/14) Atypical antipsychotics

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

**Decision rationale:** According to the Official Disability Guidelines, Abilify is an antipsychotic medication that is not recommended as a first line treatment. The guidelines also state that antipsychotics are the first line psychiatric treatment for schizophrenia, but this is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. The clinical information submitted for review indicated that the injured worker is diagnosed with depression secondary to her work related injury. However, there was no documentation that she has schizophrenia or other indications for antipsychotic medications. In addition, while it was noted that she denied headache and agitation with use of Abilify, there was no documentation indicating that this medication was effective in reducing symptoms and increasing function. Furthermore, no psychiatric progress notes were provided for review with details regarding the injured worker's psychiatric treatment to date. Furthermore, the most recent clinical note provided for review indicated that the injured worker was to be tapered from Abilify. Therefore, clarification is needed regarding the request for 30 tablets. The request, as submitted, also did not include a frequency. For these reasons, the request is not medically necessary.