

Case Number:	CM15-0006406		
Date Assigned:	01/26/2015	Date of Injury:	07/01/2010
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female who reported an injury on 07/01/2010. The injured worker reportedly suffered a right arm and shoulder injury when working with a patient who was suffering from dementia. The injured worker reportedly developed tingling and numbness with chronic pain in the right shoulder. The injured worker presented on 11/24/2014 for an initial psychiatric evaluation. The injured worker reported chronic pain, difficulty sleeping, impairment in concentration, and appetite loss. The injured worker was utilizing Cymbalta 30 mg; Xanax 0.25 mg; Lyrica 150 mg; Celebrex 100 mg; Prilosec 20 mg; and senna. Mental status examination revealed signs of depression. It was noted that the injured worker underwent psychological testing to include the Beck Depression Inventory, where she scored a 21, consistent with moderate depression. The injured worker was diagnosed with major depression without psychotic features, and consideration for drug dependence. Recommendations included a prescription for Abilify 5 mg and followup medication management visits on a monthly basis to stabilize the injured worker on the current medication regimen. A Request for Authorization form was then submitted on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5 mg, one count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Aripiprazole (Abilify).

Decision rationale: The Official Disability Guidelines do not recommend Abilify as a first line treatment. Abilify is an antipsychotic medication. Antipsychotics are the first line treatment for schizophrenia. The injured worker does not maintain a diagnosis of PTSD or schizophrenia. The injured worker maintains a diagnosis of major depression. Ability is not recommended as a first line treatment. There is also no frequency listed in the current request. Given the above, the request is not medically appropriate in this case.