

Case Number:	CM15-0132156		
Date Assigned:	07/20/2015	Date of Injury:	01/24/1992
Decision Date:	08/20/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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, 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 69 year old female, who sustained an industrial injury on January 24, 1992. Treatment to date has included surgery to her wrist, elbow and arms, medications, and psychiatric treatment. Currently, the injured worker complains of depression since the death of her son in 2012. She was evaluated on May 8, 2015. Her affect was constricted, blunted, tearful and depressed. Her thought pattern, language and knowledge were within normal limits and her judgment and attention were intact. Her mental status was intact and she had no suicidal ideation. The diagnoses associated with the request include major depression. The treatment plan includes Aripiprazole and Lexapro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aripiprazole (Abilify) 5mg #30 with 2 refills: Overturned

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 and Stress, Atypical Anti-psychotics, Aripiprazole (Abilify).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter & Mental Illness and Stress Chapter, Atypical Anti-Psychotic Topic and Other

Medical Treatment Guidelines Up-to-date Online, Abilify Entry.

Decision rationale: Regarding the request for Abilify, California MTUS guidelines do not contain criteria for the use of Abilify. ODG states Abilify is not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for psychotic disorders such as schizophrenia. It is also FDA approved as an adjunctive medication for the treatment of depression. For this latter indication, it should be noted that the FDA approval for this follows the time in which the latest ODG were authored. Within the information made available for review, a diagnosis of schizophrenia, or any other psychotic disorder is not identified. However, major depression is identified and the patient is on Lexapro. The patient continues to see psychiatry and has periods of improvement and worsening of depression/anxiety symptoms. Given this, the currently requested Abilify is medically necessary.