

Case Number:	CM15-0132261		
Date Assigned:	07/20/2015	Date of Injury:	08/06/2000
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This is a 63-year-old female patient, who sustained an industrial injury on 8/6/2000. She reported injury to her neck, low back and psyche after being pushed to the ground by a customer. She reported loss of consciousness during the injury. The diagnosis includes major depressive disorder. A doctor's note dated 7/7/15 was not fully legible. Per the doctor's note dated 7/7/15, patient was crying and depressed. The physical examination revealed PHQ score of 22. On 4/28/15 patient had a PHQ score of 18. As of the PR2 dated 6/9/15, she reported effectiveness of medications a 3/10. The medications list includes cymbalta and abilify. Treatment to date has included psychotherapy, work restrictions, Cymbalta and Abilify. The treating physician requested to continue Aripiprazole 5mg and Duloxetine 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aripiprazole 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 03/25/15) Aripiprazole (Abilify).

Decision rationale: Aripiprazole is an antipsychotic. Per the cited guidelines abilify (aripiprazole) 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. (Khanna, 2014) 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. (FDA, 2014)"Evidence of schizophrenia and acute mania is not specified in the records provided. The cited guidelines do not recommend aripiprazole for this diagnosis as a first line therapy. Failure of first line therapy for major depression is not specified in the records provided. Aripiprazole 5mg is not medically necessary for this patient.

Duloxetine HCL 60mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta), page 15.

Decision rationale: Cymbalta contains duloxetine which is Selectiveserotonin and norepinephrine reuptake inhibitors (SNRIs).Per the Chronic Pain Medical Treatment Guidelines MTUS, duloxetine is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy."Per the records provided patient had major depressive disorder and was tearful and depressed. SNRIs like cymbalta are recommended for patients with depression. The request for Duloxetine HCL 60mg is medically appropriate and necessary for this patient.