

Case Number:	CM15-0143549		
Date Assigned:	08/04/2015	Date of Injury:	06/26/2003
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

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 55-year-old female, who sustained an industrial injury on 6-26-03. The injured worker has complaints of neck and low back pain. The documentation noted that the injured worker on 12-13-12 had complaints of anhedonia, anxiety, appetite disturbance, depression, diminished energy, impaired concentration, impaired memory, irritability, low self-esteem, panic reactions, periods of crying, sleep disturbance, social withdrawal, chronic pain, musculoskeletal pain and weight gain. The diagnoses have included lumbar spine strain and major depression, single episode moderate, non-psychotic. Treatment to date has included L4-L5 posterior lumbar interbody fusion; physical therapy; anti-inflammatories; injections and medications. The request was for abilify 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 2mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress Aripiprazole (Abilify); (2) Mental Illness & Stress Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The claimant sustained a work injury in June 2003 and underwent a lumbar spine fusion. When seen, she was continuing to be treated for depression and anxiety. Medications being prescribed included Cymbalta, Provigil, Xanax, and Lunesta. Authorization for Abilify was requested. Aripiprazole (Abilify) is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not recommended as a first-line treatment. In this case, the claimant has a diagnosis of major depressive disorder. She is already taking Cymbalta for depression at an unknown dose and without reported adverse side effects. The maximum dose is 120 mg per day. She is also taking Xanax which may be contributing to her anxiety. The need for adjunctive therapy without optimizing her current medications is not established. This request for Abilify was not medically necessary.