

<b>Case Number:</b>	CM15-0161511		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 49-year-old male, who sustained an industrial injury on September 6, 2013. Due to a loss of consciousness, the injured worker does not recall the industrial injury; however, the EMS report states the injured worker complained of right collarbone and right ankle pain. The injured worker was diagnosed as having a right ankle fracture, right shoulder separation and right scalp contusion. Treatment to date has included psychotherapy, psychopharmacology, medication, x-rays, MRI, MRA, surgery, electrodiagnostic study, acupuncture, lumbar epidural injections, physical therapy, cane, pain management and gentle exercise program. Currently, the injured worker complains of chronic pain, mood swings, decreased concentration and memory, increased anxiety and depression, sleep disturbance, thoughts of self-harm and decreased interest in previously pleasurable activities. He reports his pain is 8 on 10. The injured worker is currently diagnosed with major depressive disorder. His work status is permanent and stationary. A progress note dated December 22, 2014 states the injured worker experienced therapeutic failure on Geodon due to side effects. A note dated June 24, 2015 states the injured worker experienced limited therapeutic efficacy from epidural injections, physical therapy and acupuncture. The note also states, the injured worker experienced improved range of motion from surgical intervention; however, he continues to have right shoulder pain. A note dated July 24, 2015; states the injured worker experienced decreased pain from Norco. The note also states the injured worker is able to engage in activities of daily living and experiences improved function from his pain medication. Of note, acupuncture notes were provided; however, they are difficult to decipher. The medication,

Abilify 5 mg #30 with three refills is requested to augment the efficacy of Cymbalta, which will help to elevate his mood.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Abilify 5mg, #30 with 3 refills:** 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, Aripiprazole (Abilify) updated 3/25/15.

**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.

**Decision rationale:** The MTUS is silent on the use of Abilify. Per the ODG guidelines: 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. It is noted that the injured worker takes Cymbalta, which has improved mood and depression. The requested medication is reasonable to potentiate the effect of the antidepressant; however, 4-month supply is not appropriate without assessment of efficacy. The request is not medically necessary.