

Case Number:	CM15-0188693		
Date Assigned:	09/30/2015	Date of Injury:	03/07/2005
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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:

The injured worker is a 53 year old female who sustained an industrial injury on 3-7-05. She is currently not working. The medical records indicate that the injured worker is being treated for right shoulder pain; chronic pain; cervical and lumbar sprain-strain; right shoulder impingement; right upper extremity sprain-strain; bilateral carpal tunnel release. She currently (5-11-15) complains of neck pain radiating down the right upper extremity; low back pain radiating down the right lower extremity; upper extremity pain of the right shoulder with numbness and tingling. The neck and low back pain is aggravated by activity and walking and the shoulder pain is aggravated by activity. Her pain level is 8 out of 10 with medications and 10 out of 10 without medications. She has ongoing limitations in activities of daily living due to pain in the areas of self-care and hygiene, activity, ambulation, hand function, sleep and sex. The physical exam of the right shoulder revealed tenderness on palpation, decreased range of motion due to pain, decreased strength. Diagnostics included MRI of the right upper extremity (8-5-14) showing possible full thickness tear; MRI of the upper extremity joint (3-26-13) showing a tear in the rotator. Treatments to date include right suprascapular nerve block (2-21-14) with no overall improvement; medications: Percocet, Norco, Anaprox, Prilosec; status post right shoulder surgery X3; transcutaneous electrical nerve stimulator unit without benefit; acupuncture. The request for authorization was not present. On 9-18-15 Utilization Review non-certified the retrospective request dated 8-18-15 for aripiprazole 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Aripiprazole 2mg tablet 2mg quantity 30 DOS 8-18-15: Upheld

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 Antipsychotics.

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 & Stress Section: Aripiprazole (Abilify).

Decision rationale: The MTUS Guidelines do not comment on the use of an antipsychotic medication such as aripiprazole. The Official Disability Guidelines state that this drug 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. 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. The medical records do not provide a specific psychiatric diagnosis in support of the use of aripiprazole. The records also do not provide sufficient documentation on first-line treatment for the condition in which aripiprazole is being used. Given the lack of a specific diagnosis, there is no justification for the ongoing use of aripiprazole. Aripiprazole is not considered as medically necessary at this time.