

<b>Case Number:</b>	CM15-0188947		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	12/07/2000
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 12-07-2000. She has reported injury to the low back. The diagnoses have included major depressive disorder without psychotic features; and chronic pain. Treatment to date has included medications, diagnostics, and psychotherapy. Medications have included Norco, Wellbutrin, Paxil, Depakote, Abilify, and Clonazepam. A progress report from the treating provider, dated 08-31-2015, documented an evaluation with the injured worker. The injured worker reported back pain, rated at 3-4 out of 10 in intensity; and she averages 2-3 Norco per day. Objective findings included no change in crying; she does not feel sad; no punishment feelings; she is more irritable than usual; and her score on the Beck Depression Inventory is consistent with mild depression and is 6 points lower than her last score on this test. The provider noted that Abilify is prescribed to potentiate the antidepressant. The treatment plan has included the request for Abilify 2 mg #30 with 4 refills. The original utilization review, dated 09-17-2015, modified the request for Abilify 2 mg #30 with 4 refills, to Abilify 2 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 2 mg #30 with 4 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) (2015).

**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/ Atypical antipsychotics; Aripiprazole (Abilify).

**Decision rationale:** Per ODG, "Aripiprazole (Abilify): 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 as monotherapy 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)" The injured worker has been diagnosed with major depressive disorder without psychotic features and chronic pain. Abilify is indicated as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. However, the request for Abilify 2 mg #30 with 4 refills is excessive and not medically necessary, as it is imperative to monitor this medication for signs of functional improvement, any adverse effects, tolerability to the medication etc at shorter intervals. Request for a five month supply is excessive.