

Case Number:	CM15-0195679		
Date Assigned:	10/09/2015	Date of Injury:	02/01/1999
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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 54-year-old male, who sustained an industrial injury on 2-1-1999. A review of the medical records indicates that the injured worker is undergoing treatment for pain diagnosis associated with both psychological factors and general medical condition, mood disorder associated with general medical condition, cervical degenerative disc disease, status post lumbar fusion, facet arthropathy, therapeutic opioid dependency, and hypertension. On 8-12-2015, the injured worker reported neck, head, and low back pain. The Treating Physician's report dated 8-12-2015, noted the injured worker's pain rated using the visual numeric scale for pain as 9 originally and 6 currently, unchanged since 6-25-2015, with pain control unchanged, psychological state worse, and activity level and social circumstances stable. The injured worker's current medications were noted to include Lyrica, MS Contin, Dilaudid, Ambien CR, Soma, Hyzaar, Zetia, Ativan, Remeron, Frova, Testosterone injections, Amlodipine, Clonidine, Abilify, KCL, and Lasix. The mental status examination was noted to show the injured worker cooperative, oriented times four, with memory intact, normal thinking process, good judgment, fair insight, and sadness, anxiety, frustration. The treatment plan was noted to include evaluation at the HILP program for admission to Functional Restoration Program and continued Abilify. On 7-8-2015, the Physician noted the injured worker was clearly better on the low dose Abilify and was given samples to continue. On 4-23-2015 the Physician noted the injured worker's mood was perhaps slightly better on low dose Abilify, however the injured worker was noted to have discontinued a week prior due to increased ED, with the Physician resuming the Abilify. The request for authorization dated 9-9-2015, requested Aripiprazole 2mg #30. The Utilization Review (UR) dated 9-16-2015, denied the request for Aripiprazole 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aripiprazole 2mg #30: 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).

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 (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. See atypical antipsychotics; & PTSD pharmacotherapy. See also Anxiety medications in chronic pain in the Chronic Pain Chapter. 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)" Abilify (aripiprazole) is an antipsychotic medication and there is no clinical indication for its use in this particular case per the guidelines. Thus, the request for Aripiprazole 2mg #30 is excessive and not medically necessary.