MAXIMUS Federal Services

Case Number:	CM15-0197646		
Date Assigned:	10/13/2015	Date of Injury:	03/13/1996
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/07/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old male with a date of industrial injury 3-13-1996. The medical records indicated the injured worker (IW) was treated for major depressive disorder, recurrent, severe; and pain disorder associated with both psychological factors and a general medical condition. In the Cognitive Behavioral Pain Management Consultation Report dated 8-27-15, the IW reported depression , anxiety, ruminating thoughts about his health, sleep problems, irritability, frustration, feelings of helplessness and hopelessness, withdrawal from family and friends, loss of interest in usual activities and sexual problems. He complained of daytime fatigue interfering with daily tasks and activities of daily living in general. He used CPAP at night, but slept only 4 to 5 hours, intermittently. His Beck Depression Inventory score was 27, indicating moderately severe depressed mood. In the progress notes (6-5-15), the IW reported he was unsure if the generic Abilify was as effective as the name-brand, but was open to continued monitoring. On examination (8-27-15 notes), he was adequately groomed, maintained normal, consistent eye contact and speech was goal-directed. There was no evidence of a psychotic thought process. His mood was depressed and there was a sense of resignation with respect to a progressive deterioration of functioning over the last several years. He exhibited reduced frustration tolerance but intact impulse control. His judgment was adequate. Treatments included psychotherapy, medications (Alprazolam, Ambien, Lexapro and Aripiprazole (since at least 3-2015)) and medication management with a psychiatrist. His urine drug screen on 3-15-15 was "consistent" according to the 4-9-15 notes. A Request for Authorization was received for

Aripiprazole 10mg #60 with 3 refills. The Utilization Review on 9-9-15 non-certified the request for Aripiprazole 10mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aripiprazole 10 mg Qty 60 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: Mental Illness & Stress - Aripiprazole (Abilify).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/aripiprazole.

Decision rationale: This 56 year old male has complained of depression, chronic pain and low back pain since date of injury 3/13/1996. He has been treated with surgery, physical therapy and medications to include Aripiprazole since at least 09/2014. Aripiprazole is a medication used to treat schizophrenia and bipolar disorder. The available medical records do not contain documentation to support either of these diagnoses in this patient. On the basis of the available medical records and per the guideline cited above, Aripiprazole is not indicated as medically necessary.