

Case Number:	CM15-0029592		
Date Assigned:	02/23/2015	Date of Injury:	02/24/2006
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/18/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male, who sustained an industrial injury on 2/24/2006. The current diagnoses are chronic intractable low back pain, lumbosacral degenerative disc disease, status post anterior and posterior lumbar fusion of L4-L5, severe lumbar radiculopathy, failed back syndrome, chronic pain syndrome, and severe neuropathic pain. Currently, the injured worker complains of persistent low back pain that radiates down left lower extremity. Current medications are Norco. The physical examination revealed positive straight leg raise to his left lower extremity. Motor strength of the left hip is slightly decreased. Treatment to date has included medications and surgery. The treating physician is requesting Abilify 5mg #30, which is now under review. On 1/22/2015, Utilization Review had non-certified a request for Abilify 5mg #30. Non- MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/abilify.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress - Aripiprazole (Abilify).

Decision rationale: The patient presents with chronic intractable low back pain, lumbosacral degenerative disc disease, status post anterior and posterior lumbar fusion of L4-L5, severe lumbar radiculopathy, failed back syndrome, chronic pain syndrome, and severe neuropathic pain. The treating physician report dated 7/9/14 states, "The patient is doing very well and has been stable on his symptoms. Cymbalta and Abilify for his chronic pain syndrome. There is no diagnosis of mental conditions. The current request is for Abilify 5mg #30." The MTUS guidelines do not address Abilify. The ODG guidelines state: 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. 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. In this case, the treating physician, per the UR report has documented "the patient reports that he has trouble sleeping because of pain and panic attacks." Abilify is not recommended for treatment of insomnia. The treating physician has failed to document the patient suffers from any conditions that are supported for Abilify usage. The current request is not medically necessary and the recommendation is for denial.