

Case Number:	CM15-0217597		
Date Assigned:	11/09/2015	Date of Injury:	10/11/2006
Decision Date:	12/21/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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: 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:

This injured worker is a 41-year-old male who reported an industrial injury on 10-11-2006. His diagnoses, and or impressions, were noted to include: ongoing back pain with radicular symptoms, left leg; lumbosacral disc herniation with impingement on nerve root (per MRI); sacralization of the lumbosacral segment; obesity; and depression with anxiety due to industrial onset. The history noted gastric bypass surgery with increasing weight gain, vitamin B-12 deficiency, and chronic dermatitis, eczema, psoriasis and recurring skin abscess related to MRSA staph infections. No current imaging studies were noted. His treatments were noted to include: psychological treatment; medication management; and rest from work. The progress notes 9-28-2015 of reported complaints, which included severe back pain, rated 4-8 out of 10, which shot down his right leg; that his depression was worsening, and considered his therapy-treatment with his psychologist very helpful. The objective findings were not noted to include any assessment for depression. The physician's request for treatments was noted to include the addition of Ability 5 mg daily, #30, (with Effexor) for depression. The Request for Authorization, dated 9-30-2015, was noted to include Abilify 5 mg, #30. The Utilization Review of 10-9-2015 non-certified the request for Abilify 5 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5 mg Qty 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: Mental Illness & Stress - Aripiprazole (Abilify).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Abilify (Aripiprazole) is a psychotropic drug indicated in the treatment of Schizophrenia and Bipolar Disorder with agitation, Autistic Disorder with irritability and adjunctive Major Depressive Disorder, none of which apply to listed diagnoses. Additionally, ODG states there is insufficient evidence to support for pharmacologic agents in the prevention and development of PTSD and specifically recommend against the use of typical antipsychotics, such as haloperidol and Abilify in the management of PTSD, not indicated here. It appears the patient is prescribed Ability for quite some time without demonstrated functional benefit. Submitted reports have not adequately demonstrated the indication to support treatment with Abilify outside the guidelines recommendations and criteria. There is no report of acute flare-up, new musculoskeletal injury, or functional benefit derived from previous treatment rendered. The Abilify 5 mg Qty 30 is not medically necessary and appropriate.