MAXIMUS Federal Services

Case Number:	CM15-0041436		
Date Assigned:	03/11/2015	Date of Injury:	03/20/2009
Decision Date:	04/21/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/04/2015

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, 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 30-year-old female who sustained an industrial injury on 03/20/09. Initial complaints and diagnose are not available. Treatments to date include psychotherapy, a QME psychological evaluation, AME re-evaluation, and a spinal cord stimulator trial. Prior diagnostic studies are not discussed. In a progress note dated 12/19/14, the latest date for which physician notes are available for review in the submitted record, the treating provider reports a plan of care including continued psychotherapy, Duloxtetine, and gabapentin. The requested treatment is Abilify and Delpin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 2 mg - 4 mg: 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 Chapter.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, < Aripiprazole (Abilify).

Decision rationale: Abilify is FDA approved for use in Schizophrenia, Bipolar Disorder, for Major Depressive Disorder as an adjunct to antidepressants for the treatment of MDD. ODG guidelines state that Aripiprazole (Abilify) is 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. 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 request for AAbilify 2 mg - 4 mg is not medically necessary as there is not clinically approved indication for the use of Abilify in this case.

Delpin 15 mg: 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 Chapter.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness& Stress B vitamins for depression (vitamin B6, folic acid/folate, vitamin B12).

Decision rationale: Per ODG- B vitamins for depression (vitamin B6, folic acid/folate, vitamin B12): Recommended as an option for special populations for long-term management of depression as an adjunct to antidepressant therapy, in particular if there is a deficiency. One theory for the potential benefit is that high plasma homocysteine has been consistently associated with depression, and treatment with certain B vitamins reduces its concentration. Recent research: A recent randomized controlled trial (evaluating use of vitamin B6, folic acid and vitamin B12 in combination) and subsequent meta-analysis (evaluating folic acid and vitamin B12 in combination) indicated that these various B vitamins used as a supplement to antidepressant therapy do not appear to decrease the severity of depressive symptoms over a period of several weeks (short-term) in people with depressive disorder. The analysis did suggest that use over a long-term period enhances and sustains antidepressant response. (Almeida, 2015) (Almeida, 2014) Other recent studies examining the role of folic acid and vitamin B12 found little evidence for potentiation of antidepressant medicine with this adjunct treatment. (Christensen, 2011) Future randomized placebo controlled trials are suggested to investigate use for improving response to antidepressants. There is insufficient evidence to recommend the use of B vitamins as a monotherapy for depression. (Sengl, 2014) (Nahas, 2011)There is insufficient evidence to recommend the use of B vitamins/folate as a monotherapy for depression and thus the request for Delpin 15 mg is excessive and not medically necessary.