

<b>Case Number:</b>	CM15-0046612		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 35 year old female sustained an industrial injury to the right wrist on 6/30/11. Previous treatment included physical therapy, acupuncture, medications, psychiatric care, cognitive behavioral therapy, splinting, compression glove, wrist brace, injections, magnetic resonance imaging, right wrist arthroscopy and H-wave unit. In a psychiatric PR-2 dated 2/25/15, the injured worker presented with decreased pain behavior. The injured worker felt that medications and therapy were helping to control labile and unstable moods. The injured worker had had no recurrence of suicidal ideation or behavior over the past week. The physician noted concern that the injured worker' impulse controls were weak at this time. The injured worker underwent PHQ9 testing during the office visit with improved scores. The physician attributed the improvement to her medications, including Abilify. Current diagnoses included chronic right hand/wrist pain, complex regional pain syndrome, tactile allodynia, vascular instability, major reactive depression with a prior suicide attempt and continued suicidal impulses. The treatment plan included continuing medications (Abilify and Remeron) and requesting authorization for Risperidone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 5mg #30 with 6 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress (updated 02/10/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- and mental chapter- depression and treatments - pg 37.

**Decision rationale:** According to the guidelines, SSRIs or tricyclics are indicated for major depression. SSRI or Tricyclic can be used in conjunction for depression with psychotic symptoms. In this case, the claimant has major depression. There is no mention of psychotic symptoms. In additions, the guidelines do not recommend atypical antipsychotics. Abilify is an atypical antipsychotic. Recent psychology notes stressed psychotherapy and Cognitive therapy. Its clinical use is not substantiated and not medically necessary.