

<b>Case Number:</b>	CM15-0055463		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	07/18/2007
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 41-year-old who has filed a claim for major depressive disorder (MDD) and generalized anxiety disorder (GAD) reportedly associated with an industrial injury of July 18, 2007. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve a request for Abilify. Non-MTUS ODG Guidelines were invoked. Ambien and Viibryd, it was incidentally noted, were approved. A March 10, 2015 office visit was referenced in the determination. The claims administrator suggested (but did not clearly state) that the request represented a renewal or extension request. The applicant's attorney subsequently appealed. In a March 10, 2015 progress note, the applicant reported ongoing issues with depression and anxiety. Ancillary complaints of insomnia were evident. The applicant was attending religious events, however, it was acknowledged. Issues with pain and/or depression-induced insomnia were evident. The applicant denied any issues with suicidal and/or homicidal ideation. The applicant was reportedly compliant with his medications. The applicant was able to enjoy certain tasks but stated that his overall levels of concentration and energy were diminished. Viibryd for depression, Ambien for insomnia, and Abilify for mood stabilization purposes were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 5mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Food and Drug Administration ABILIFY® (aripiprazole) Tablet sABILIFY DISCMELT® (aripiprazole) Orally Disintegrating Tablets Maintenance treatment of bipolar I disorder, both as monotherapy and as an adjunct to lithium or valproate (1.2) Adults: Efficacy was established in one maintenance monotherapy trial and in one maintenance adjunctive trial (14.2) Adjunctive treatment of major depressive disorder (MDD) (1.3).

**Decision rationale:** Yes, the request for Abilify, an atypical antipsychotic, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, continuing with an established course of antipsychotics is important. The Food and Drug Administration (FDA) further notes that Abilify can be employed as adjunctive treatment for major depressive disorder and/or as maintenance therapy for applicants with bipolar I disorder. Here, the attending provider did seemingly suggest that the applicant's mood issues had stabilized following introduction of Abilify. The attending provider did report on March 10, 2015 that the applicant's mood was augmented, the applicant was able to engage in otherwise pleasurable activities, such as attending religious events, etc., reportedly imputed, in part, to ongoing Abilify usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.