MAXIMUS Federal Services

Case Number:	CM14-0134104		
Date Assigned:	08/27/2014	Date of Injury:	09/14/1994
Decision Date:	10/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old female with a date of injury of 09/14/1994. On 03/01/2014 she was treated with Fluoxetine, Wellbutrin, Abilify and Xanax. She had depression, diabetes, hypertension and sleep apnea. She was stable since she lowered the dose of Fluoxetine. On 07/11/2014 she was listless and drained. Her movements were slow. Breathing exercises were focused on anxiety reduction. The diagnosis was major depressive disorder without psychotic features and pain disorder. Her medications included Fluoxetine, Methadone, Abilify and Alprazolam.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA approved package insert, Abilify

Decision rationale: The patient is being treated for major depression. MTUS and Official Disability Guidelines do not comment on the primary treatment of depression. There are no appropriate MTUS or Official Disability Guidelines. Official Disability Guidelines may comment on whether an anti-depressive medication is first or second line treatment for pain but this patient has a major depression diagnosis in addition to a pain disorder. She is being treated with Fluoxetine (Prozac), Wellbutrin, Xanax and Abilify. In this case Abilify is being used as an adjunctive treatment for major depression which is one of the FDA approved indications for its use. Thus, the use of Abilify in this patient is medically necessary.