

Case Number:	CM14-0097385		
Date Assigned:	07/28/2014	Date of Injury:	09/15/2008
Decision Date:	10/02/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 injured worker is a 33 year old female who had a date of injury of 09/15/08. The mechanism of injury is not submitted. Diagnosis is major depressive disorder and chronic pain syndrome. Most recent note dated 06/26/14 is a psychiatric progress note which notes that the injured worker is in for psychopharmacological follow up. At her last visit she was given a prescription of Abilify 5 mg qhs to enhance the effectiveness of the antidepressant mirtazapine which she has been on for some time. She was given some samples to tide her over until she can get the medication from a pharmacy. However, this was later denied. In this report current medication is mirtazapine 30 mg 1 qhs to address neurovegetative signs of depression, including sleep, associated with chronic pain and lifestyle changes as a result of the industrial injury. Psych testing provides input on the injured worker's mental status and response to treatment. She was administered the Beck Anxiety Inventory and scored 13 consistent with anxiety in the mild to moderate range. Most significant responses were "unable to relax", "fear of the worst happening", nervous and shaky. The plan was for the injured worker to continue on mirtazapine 30 mg qhs, she was given samples of Abilify 10 mg which she is to halve these, including references to clinical studies demonstrating the use of Abilify as adjunctive therapy to enhance the effectiveness of the antidepressant. Prior utilization review on 06/05/14 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Abilify 5mg #30 with 6 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Abilify

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, Aripiprazole (Abilify)

Decision rationale: The request for Abilify 5mg (Samples) is not medically necessary. 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. As such, medical necessity has not been established.