

Case Number:	CM14-0214034		
Date Assigned:	12/31/2014	Date of Injury:	10/11/2003
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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:

Injured worker is a 51 year old male with date of injury 10/11/2003. Date of the UR decision was 12/4/2014. He suffers from chronic low back pain secondary to industrial trauma which in turn led to psychological injury. Per report dated 11/21/2014, the injured worker reported feeling better and reported improvement in depression, anxiety and panic attacks. It was suggested that he had not experienced panic attacks since the last evaluation and had not taken any Ativan in the past few days prior to this report. Mental status examination documented mood being described as "better" and affect was full range. He was diagnosed with Major Depressive Disorder, first episode and Anxiety Disorder NOS and was being prescribed Paxil 40 mg every day, Ativan 0.5 mg twice daily as needed and Abilify 5 mg at bedtime. Per report dated 11/3/2014, he was continued to experience chronic low back pain and was receiving treatment for it in form of Acupuncture, home exercise program and medication such as Tramadol. It was suggested that his blood glucose level increased due to Abilify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 40mg # 30: Upheld

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 & Stress Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Page(s): 141.

Decision rationale: In the reviewed documentation, there is no documentation of objective functional improvement, such as an improvement in the Beck Anxiety Inventory or the Beck Depression Inventory scores. Injured worker has been diagnosed with Major Depressive Disorder, first episode and Anxiety Disorder NOS. there is report of subjective improvement as Mental status examination revealed mood being described as "better" and affect was full range, but no quantitative objective measure of improvement. It is to be noted that the prior UR decisions have authorized for weaning and taper of the Paxil to be completed. The request for Paxil 40mg # 30 is excessive and not medically necessary.

Abilify 5mg # 30 with 1 refill: Upheld

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 & Stress Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stres & 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. 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). There is limited use of Abilify in conditions covered in ODG. Also, the submitted documentation suggests that Abilify led to increase in blood glucose levels in the injured worker. There is no report suggesting objective functional improvement from this medication that would warrant the clinical need for continued use. Thus, the request for Abilify 5mg # 30 with 1 refill is excessive and not medically necessary.