

Case Number:	CM15-0002497		
Date Assigned:	01/13/2015	Date of Injury:	12/12/2009
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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: Illinois
 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:

The injured worker is a 37-year-old male who reported an injury on 12/12/2009. The documentation indicated the injured worker had been followed by a psychiatrist since at least 10/25/2013. The documentation indicated the injured worker's Abilify was discontinued on 10/25/2013. The documentation indicated the medications refilled were Viibryd, Intermezzo, and Xanax. The mechanism of injury was not provided. Other therapies were physical therapy. The injured worker underwent an x-ray of the right ankle, 2 views. The injured worker had a surgery for a fracture in the right ankle. The documentation of 12/05/2014 revealed the injured worker was noted to come in as a walk in after approximately 4 months. The documentation indicated the injured worker was not compliant with medications and the medications had not been approved. The injured worker indicated he was having panic attacks and feeling depressed. His sleep was poor. The injured worker did not enjoy anything. The injured worker noted he did not have a good Thanksgiving Day and had feelings of hopelessness about his future. The injured worker had passive thoughts of harming himself. The injured worker stated he did not want to live. The injured worker stated he wondered why he was alive. However, the injured worker denied suicidal ideation or plan. The documentation indicated the treatment plan included to start the injured worker again on Viibryd 40 mg to go up slowly #30 for depression, discontinue Xanax, utilize Klonopin 0.5 mg up to 2 times a day as needed for panic attacks and anxiety #30, and utilize Abilify 5 mg by mouth daily to augment the anti-depressive effect of the medications. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilifu 5mg #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, Atypical Antipsychotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress Chapter, Aripiprazole.

Decision rationale: The Official Disability Guidelines indicate that Abilify is not recommended as a first line treatment and it is an antipsychotic medication. The clinical documentation submitted for review indicated the injured worker had previously utilized medication. The objective functional benefit was not noted. Additionally, there was a lack of documentation indicating the injured worker had trialed a first line therapy and was in need of an antipsychotic. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Abilify 5 mg #30 is not medically necessary.