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| Case Number: | CM15-0117167 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 04/21/2000 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 54 year old female who sustained an industrial injury on 04/21/2000 after pulling a heavy pan from an oven. The injured worker was diagnosed with post-laminectomy failed back syndrome, chronic pain syndrome, anxiety and mood disorder. The injured worker is status post multiple lumbar surgical procedures, bilateral carpal tunnel decompression of the median nerves of the wrist in July 2010, spinal cord stimulator (SCS) placement in March 2010 with battery replacement in August 2013, intrathecal catheter in May 2011 with revision on July 13, 2011 and lap band fill in May 2011. Treatment to date has included diagnostic testing, multiple surgical interventions, cervical epidural steroid injection, multiple lumbar epidural steroid injections, cervical facet joint injections, physical therapy, massage therapy, psychological evaluation, testing and follow-up support and medications. According to the most recent treating physician's progress report on January 15, 2014, the injured worker had logical thought process, moderate eye contact, affect full range and tearful. Insight and judgment were good without suicidal and homicidal ideation. The injured worker feels she is now standing up for herself and she does not feel as bad. Current medications are listed as Oxycodone, Kadian 20mg, Ativan, Neurontin, Cymbalta, Zoloft, Baclofen and Abilify. Treatment plan consists of current treatment and supports and the current request for Aripiprazole 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aripiprazole 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Atypical antipsychotics.
<http://www.worklossdatainstitute.verioiponly.com/odgtwc/stress.htm>).

Decision rationale: According to ODG guidelines, atypical antipsychotics such as (Abilify) "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielman, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)." There is not enough documentation and evidence to support the use of an atypical antipsychotic for the treatment of patient's condition. The provider should give more rationale for the use of Abilify for the treatment of the patient depression. A comprehensive psychiatric evaluation may be needed to evaluate the patient condition and her medication needs. There is no documented efficacy for previous use of Abilify. Therefore, the request for Abilify Aripiprazole 10mg is not medically.