

Case Number:	CM15-0128094		
Date Assigned:	07/14/2015	Date of Injury:	09/25/2009
Decision Date:	08/10/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on September 25, 2009, incurring back injuries after moving a patient while working as a nurse. She was diagnosed with cervical disc displacement, cervical radiculopathy, cervical facet arthropathy, lumbosacral disc disease, lumbar facet arthropathy, and spondylolisthesis. Treatment included a lumbar fusion, physical therapy, epidural steroid injection of the cervical spine, sleep aides, pain medications, anti-inflammatory drugs, transcutaneous electrical stimulation unit, muscle relaxants, psychiatric medications, neuropathic medications and topical analgesic patches and work restrictions. Currently, the injured worker complained of neck pain, right upper extremity pain, right lower extremity pain, abdominal and pelvic pain. She was noted to have depression and anxiety secondary to her chronic pain syndrome. The treatment plan that was requested for authorization included a prescription for Abilify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 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 (ODG), Mental Illness and Stress Chapter, Aripiprazole (Abilify).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, abilify.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is an adjunct medication in the treatment of major depressive disorder. The provided clinical documentation does not show failure of first line treatment options and therefore the request is not medically necessary.