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| Case Number: | CM15-0066606 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 10/13/2010 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 04/07/2015 |
| Priority: | Standard | Application Received: | 04/08/2015 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53-year-old female, who sustained an industrial injury on October 13, 2010, incurring injury to the wrists, right shoulder and psyche due to repetitive stress. Treatment included acupuncture, occupational therapy, H-wave, psychotherapy, shoulder sling, psychiatric medications and pain management. She underwent multiple surgeries. She was diagnosed with carpal tunnel syndrome, anxiety, and rotator cuff tear. Currently, the injured worker complained of pain and stiffness in the left shoulder with muscle weakness. 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 5 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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 & Stress Aripiprazole (Abilify).

Decision rationale: The injured worker sustained a work related injury on October 13, 2010. The medical records provided indicate the diagnosis of carpal tunnel syndrome, anxiety, and rotator cuff tear. Treatments have included acupuncture, occupational therapy, H-wave, psychotherapy, shoulder sling, psychiatric medications and pain management. The medical records provided for review do not indicate a medical necessity for Abilify 5 mg, thirty count. The Official Disability Guidelines states that Abilify (aripiprazole) is an antipsychotic medication, and is not recommended as a first line medication. Also, this guideline states there is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. The MTUS is silent on it. The treatment is not medically necessary.