

Case Number:	CM15-0072076		
Date Assigned:	04/22/2015	Date of Injury:	02/15/2001
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/15/2015

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, California

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 53 year old female, who sustained an industrial injury on 02/15/2001. The initial complaints or symptoms included pain/injury to the left hand which resulted in an infection leading to surgery on the left hand. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, consultations, psychiatric/psychological evaluations and therapies, trigger point injections, conservative therapies, psychiatric hospitalizations. Currently, the injured worker complains of having a difficult time due to medications not being authorized (including blood pressure medications, and worsening depression.) The diagnoses include complex regional pain syndrome (four extremities), status post upper and lower spinal cord stimulator placements, severe major depressive disorder with intermittent psychotic features, sleep disturbance, narcotic dependent use, right lateral epicondylitis, refractory cervical myofascitis, right carpal/cubital tunnel syndrome, right shoulder impingement syndrome, partial thickness rotator cuff tear, neurodermatitis, hypertension, gastritis, weight gain, hyperlipidemia, vitamin D deficiency, and hiatal hernia. The treatment plan consisted of Abilify for the treatment of worsening psychotic features and hallucinations (denied), transfer of psychiatric care, continued home assistance and transfer services, and continued medications. Per the doctor's note dated 3/5/15 patient had complaints of BP 179/101. Patient was anxious, worsening of depression and presence of psychotic features with hallucination. On 2/24/15 she was angry, intends to kill herself and to hurt people and had insomnia. The mental status examination revealed sad mood auditory hallucination, and had suicidal and homicidal ideation. The patient has had history of hospital

admission with suicidal ideation and major depression. The patient had received trigger point injection on 3/5/15. The medication list include Cymbalta, Abilify, Nucynta, Lovastatin and Avapro. The patient has used electric wheel chair and scooter. The patient is 100% permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 10 mg, thirty count: 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 & Stress Chapter.

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 (updated 03/25/15) Aripiprazole (Abilify).

Decision rationale: Request: Abilify 10 mg, thirty count MTUS guideline does not specifically address this issue. Hence ODG used As per cited guideline, "Aripiprazole (Abilify): 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. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia." As per cited guidelines, Aripiprazole is not recommended as a first-line treatment and there is insufficient evidence to recommend atypical antipsychotics (for conditions covered in the guidelines). A diagnosis of schizophrenia is not specified in the records provided. A detailed response to first line antipsychotics, including the medication/s, dose and duration of trial, is not specified in the records provided. The medical necessity of the request for Abilify 10 mg, thirty count is not fully established for this patient.