MAXIMUS Federal Services

Case Number:	CM15-0093772		
Date Assigned:	05/20/2015	Date of Injury:	05/30/2011
Decision Date:	06/29/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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, New York, California
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 applicant is a represented 48-year-old who has filed a claim for complex regional pain syndrome (CRPS), major depressive disorder (MDD), generalized anxiety disorder (GAD) reportedly associated with an industrial injury of May 30, 2011. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for Abilify. A RFA form received on April 27, 2015 and associated progress note April 16, 2015 were referenced in the determination. Non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. In a May 1, 2015 psychology note, the applicant reported issues with chronic pain, depression, reflex sympathetic dystrophy, and anxiety. The applicant was using Norco daily. Six sessions of cognitive behavioral therapy were endorsed. The applicant reported continuing complaints of depression, fatigue, and malaise. In an April 16, 2015 note, it was again noted that the applicant had ongoing issues with depression and chronic pain. The applicant was apparently using Cymbalta and Norco, it was acknowledged. The applicant continued to report issues with low mood, tearfulness, and loss of interest in otherwise pleasurable activities. The attending provider stated that he intended to add Abilify to potentiate the effects of Cymbalta. The request for Abilify, thus, was framed as a first-time request for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify tab 2mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter Official Medical Fee Schedule.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation U.S. Food and Drug Administration ABILIFY (aripiprazole) Tablets ABILIFY is an atypical antipsychotic indicated as oral formulations for the: Adjunctive treatment of major depressive disorder (MDD) (1.3).

Decision rationale: Yes, the request for Abilify, an atypical antipsychotic, was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 15, page 402 notes that continuing with an established course of antipsychotics is important. Here, however, the request was framed as a first-time request for Abilify. The Food and Drug Administration (FDA) notes that Abilify is an atypical antipsychotic indicated as an adjunctive treatment for major depressive disorder, as was/is present here. The attending provider wrote on April 16, 2015 that he had, in fact, intended to employ Abilify as an adjunctive treatment, to potentiate the effects of the applicant's primary psychotropic agent, Cymbalta, on the grounds that Cymbalta had proven incompletely effective in attenuating the applicant's symptoms of depression. Introduction of Abilify, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.