

<b>Case Number:</b>	CM13-0043757		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/28/2009
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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. The expert reviewer is Board Certified in Psychiatry and Neurology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 56-year-old male with a 2/28/09 date of injury. At the time (10/17/13) of the Decision for prescription of Fanapt tab 2mg daily supply of thirty (30) with two (2) refills equaling a total quantity of sixty (60), there is documentation of subjective (shoulder pain and migraine headaches) and objective (pain with cross chest testing and tenderness over the biceps) findings, current diagnoses (status post knee revision, depressive disorder, psychosocial stressors, and chronic pain in both knees), and treatment to date (medications (including Intermezzo since at least 2/11/13)). There is no documentation of major depression, psychosis, or schizophrenia; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fanapt use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF FANAPT TAB 2MG DAILY SUPPLY OF THIRTY (30) WITH TWO (2) REFILLS EQUALING A TOTAL QUANTITY OF SIXTY (60): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/fanapt.html](http://www.drugs.com/fanapt.html)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**Decision rationale:** The Expert Reviewer's decision rationale: An online search identifies Fanapt as an antipsychotic. MTUS reference to ACOEM identifies documentation of major depression or psychosis, as criteria necessary to support the medical necessity of antipsychotics. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of schizophrenia, as criteria necessary to support the medical necessity of Fanapt. Within the medical information available for review, there is documentation of diagnoses of depressive disorder and psychosocial stressors. In addition, there is documentation of ongoing treatment with Fanapt since at least 2/11/13. However, there is no documentation of major depression, psychosis, or schizophrenia. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fanapt use to date. Therefore, based on guidelines and a review of the evidence, the request for prescription of Fanapt tab 2mg daily supply of thirty (30) with two (2) refills equaling a total quantity of sixty (60) is not medically necessary.