

<b>Case Number:</b>	CM13-0045504		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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 physician 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:

The injured worker is a 31 year old man with a date of injury of 6/16/03. He had a history of low back pain and his treatment has been conservative. A mental health evaluation of 9/4/13 diagnosed him with major depression with psychotic features (none at this time), panic disorder without agoraphobia and chronic pain syndrome. His current medications include valium 10mg TID (uses one or two per day), Abilify 15mg qhs, Buspar 5mg BID, Atarax 25mg TID and Cymbalta 30mg QD. From the pain doctor: Nucynta 100mg (8 per day), Soma 350mg (5 per day), Daypril (2 per day) and Lyrica (2 per day). 'Psych testing was deferred'. The plan was to continue his current medications. At issue in this review is the prescription for Abilify.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 10mg x one (1) year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Abilify safety information on-line: <https://www.abilify.com/hcp/mdd/>

**Decision rationale:** This 31 year old injured worker has been treated for chronic pain, major depression with psychotic features (not currently) and panic disorder. He receives multiple psychotropic medications. Per the MTUS, continuing an established course of antipsychotics is important, but they can decrease motivation and effectiveness at work. Abilify or aripiprazole is an atypical anti-psychotic. This class of medications can be associated with cerebrovascular adverse events, neuroleptic malignant syndrome, tardive dyskinesia, metabolic changes such as diabetes or hyperglycemia, dyslipidemia, weight gain, orthostatic hypotension, dysphagia and suicide. The physician visit fails to document any improvement in mood or symptoms or discuss side effects to justify long-term use. "Psych testing was deferred". The records do not document medical necessity.