

<b>Case Number:</b>	CM13-0052292		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Internal Medicine, 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 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:

This patient is a 47 year old male, date of injury 06-15-10. Primary diagnoses are lumbar back and right knee conditions. Mechanism of injury was: fell from tanker and injured back and right knee. Progress Report 08-23-13 by [REDACTED] documented Subjective complaints including right knee pain, low back pain, radicular pain left leg. Past medical history included hypertension, hepatitis. Review of systems noted depression. Objective findings included: height 5'8", weight 259 lbs, appears pleasant, no apparent distress, good attention to hygiene, orientation times three with mood and affect appropriate to situation. Diagnoses included: chronic low back pain with left lower extremity radicular pain, right knee strain. Treatment plan included: acyclovir, gabapentin, butrans, cymbalta, inderal, wellbutrin, percocet, diazepam, ambien, abilify, pennsaid. No laboratory tests were ordered. Utilization review dated 10-16-13 by [REDACTED] recommended Non-Certification of the request for Abilify (aripiprazole).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 10mg 1 PO QD #30 plus three refills:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines do not address the use of Aripiprazole (Abilify). ODG guidelines state: "Abilify is not recommended as a first-line treatment. Abilify is an antipsychotic medication, which is a treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. FDA Prescribing Information for Abilify states that fasting glucose and CBC should be monitored regularly." Progress Report 08-23-13 was the only medical record available. Review of systems mentions depression. There is no medical history of schizophrenia. Progress report does not document subjective complaints of uncontrolled depression, psychosis, or schizophrenia. Physical exam documented a pleasant, oriented, non-distressed patient with good hygiene and appropriate mood and affect and BMI 39.4. Diagnosis section of the report did not document a diagnosis of depression or schizophrenia. No laboratory test results were available. ODG guidelines do not recommend Abilify. Medical records do not document the medical necessity of Abilify. Therefore, the request for Abilify (Aripiprazole) is Not medically necessary.