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| <b>Case Number:</b>   | CM13-0059639 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 07/16/2008 |
| <b>Decision Date:</b> | 03/26/2014   | <b>UR Denial Date:</b>       | 11/21/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/02/2013 |

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 49-year-old presenting with low back pain following a work related injury on 07/16/2008. The patient complains of low back pain and insomnia. He reported minimal relief with during activity with medications in particular the Butran's Patch. The physical exam was significant for antalgic gait with a cane. The patient was diagnosed with lumbar radiculopathy s/p laminectomy and instrumentation L5-S1 4/3/2011, Chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome, neuropathic pain, severe chronic pain-related depression, prescription narcotic dependence. The patient's medications include Clonidine, Pristiq, Elavil, Norco, Nucynta Prilosec, and Gabapentin. A claim was made for Abilify.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 2.5 mg, 8 count for one week, then an increase to Abilify 5 mg, 21 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, Mental Illness and Stress Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Section Page(s): 13.

**Decision rationale:** The Physician Reviewer's decision rationale: A prescription of Abilify 2.5.mg #8 for one week, then increase to 5mg #21 is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines, "long-term effectiveness of anti-depressants has not been established. The effect of this class of medication in combination with other classes of drugs has not been well researched. The "number needed to treat" (NNT) methodology (calculated as the reciprocal value of the response rate on active and placebo) has been used to calculate efficacy of the different classes of antidepressants. Abilify is an atypical anti-depressant as well as a second generation class of anti-psychotics used to treat schizophrenia, bipolar disorder and major depressive disorder. The request for Abilify 2.5 mg, 8 count for one week, then an increase to Abilify 5 mg, 21 count, is not medically necessary or appropriate.