

<b>Case Number:</b>	CM14-0180050		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	11/07/1994
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Occupational 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 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:

Patient is a 56 year-old female with date of injury 11/07/1994. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/02/2014, lists subjective complaints as low back pain with lower extremity pain. Objective findings: Examination of the lumbar spine revealed normal alignment and overall no dislocation, subluxation, or laxity. No other physical examination findings were documented. Diagnosis: 1) Lumbago, low back pain 2) Myofascial pain syndrome/fibromyalgia 3) Pain foot/arm/leg/finger 4) Ankle pain, joint. The medical records supplied for review document that the patient has been taking Abilify for at least as far back as six months, but at a lower dosage. Medications: 1. Abilify 5mg, #30 1 tablet po (by mouth) qd (daily).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 5mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Atypical antipsychotics

**Decision rationale:** Abilify is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder (manic depression). It is also used together with other medications to treat major depressive disorder in adults. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40, including Abilify, were found to lack both safety and effectiveness. Abilify 5mg, #30 is not medically necessary.