

<b>Case Number:</b>	CM15-0072583		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on February 12, 2013. He reported low back pain. The injured worker was diagnosed as having chronic and persistent low back pain, status post L4-S1 interbody fusion, ninth rib fracture, hypertension with an industrial causation, headaches, bilateral carpal tunnel syndrome and severe depression. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, physical therapy, aquatic therapy, medications and work restrictions. Currently, the injured worker complains of depression, low back pain radiating to bilateral lower extremities with associated tingling, burning and numbness. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. It was noted he was treated for a previous gastric ulcer. Evaluation on January 8, 2015, revealed continued pain with associated symptoms. Abilify was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Abilify 2mg 1 Q am #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, PTSD pharmacotherapy, pages 557-558.

**Decision rationale:** Abilify (Aripiprazole) is a psychotropic drug indicated in the treatment of Schizophrenia and Bipolar Disorder with agitation, Autistic Disorder with irritability and adjunctive Major Depressive Disorder, none of which apply to listed diagnoses. It appears the patient is prescribed Ability PTSD without demonstrated functional benefit. ODG states there is insufficient evidence to support for pharmacologic agents in the prevention and development of PTSD and specifically recommend against the use of typical antipsychotics, such as haloperidol and Abilify in the management of PTSD. Submitted reports have not adequately demonstrated the indication to support treatment with Abilify outside the guidelines recommendations and criteria. There is no report of acute flare-up, new musculoskeletal injury, or functional benefit derived from previous treatment rendered. The Abilify 2mg 1 Q am #30 is not medically necessary and appropriate.