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## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/18/2013  
Date of Injury: 4/25/2008  
IMR Application Received: 8/2/2013  
MAXIMUS Case Number: CM13-0006447

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## 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 Family Practice, 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.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator)
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old female who reported a work related injury on 04/25/2008 due to lifting a heavy box. The patient was diagnosed with chronic lumbar back pain. MRI dated 07/08/2008 noted an L5-S1 disc protrusion with disc desiccation at L4-5 and L5-S1. The patient has low back and bilateral lower extremity radicular pain. The patient has undergone chiropractic care and bilateral sacroiliac joint injections. The patient's diagnoses are listed as lumbosacral spondylosis, sacroiliitis, myalgia and myositis, and lumbosacral degenerative disc disease. The patient is also diagnosed with chronic depression that is related to her disability.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Fanapt 2mg is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), mental illness and Stree Chapter, Antipsychotics, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The clinical note dated 04/16/2013 noted the employee presented with neck, upper, and lower back pain. It was noted the employee was still somewhat depressed and was no longer receiving chiropractic treatments. Physical exam findings on this date noted decreased range of motion to the lumbar spine, lower thoracic and lumbar tenderness with slight spasm, and bilateral sacroiliac

tenderness and trochanteric tenderness. The plan was noted for the employee to followup for psychiatric treatment and pain management. Psychiatric note dated 05/03/2013 noted the employee was seen for a psychiatric followup visit. The employee was noted to be nervous, anxious, and irritable, and the mood was profoundly depressed. The employee was noted to be forgetful and was very concerned about the significant weight gain. The plan was noted to taper the employee off of Savella and to try the employee on Viibryd 10 mg and gradually increase the dose to 40 mg at bedtime. The employee would continue on Xanax 2 mg at bedtime and trazodone 50 mg 1 tablet to 2 tablets at bedtime. Pain management note dated 07/01/2013 stated the employee continued to have severe muscle spasms. The employee was scheduled for a bilateral L5-S1 transforaminal epidural steroid injection for 07/17/2013.

Hydrocodone/acetaminophen and tizanidine was prescribed. The request is for Fanapt 2 mg. Official Disability Guidelines state there is insufficient evidence to recommend a typical antipsychotics. New research suggests that adding an a typical antipsychotic to an antidepressant provides limited improvement and depressive symptoms in adults. Guidelines further state that the benefits of antipsychotics, in terms of quality of life and improved functioning, are small to non-existent, and there is abundant evidence of potential treatment-related harm. It is not certain that these drugs have a favorable benefit to risk profile and clinicians should be very carefully in using these medications. There was no recent clinical documentation submitted noting the employee's need for this medication. **The request for Fanapt 2mg is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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