

<b>Case Number:</b>	CM13-0014248		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	12/20/2006
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Psychiatry, and is licensed to practice in Illinois and Wisconsin. 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:

The patient is a 40-year-old male who was injured in December 2006. The patient is being treated for Major Depression and Anxiety Disorder. At the time of his most recent visit in June of this year, medications included Saphris 5 mg daily, Wellbutrin 300 mg daily and Cymbalta 120 mg daily. His depressive symptoms were returning and the plan was to taper off the Wellbutrin and Cymbalta and institute Brintellix 10 mg daily. Apparently, he has been treated with psychotherapy as well but terminated it a couple of months ago. Coverage for the Saphris has not been granted. This is an independent review of the decision to deny coverage for Saphris 5 mg po q hs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SAPHRIS 5MG QHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and Stress, Procedure Summary.

**Decision rationale:** The patient has an extensive psychiatric history with consistent diagnoses of Major Depression and Generalized Anxiety Disorder being entered in the record. Furthermore, the most recent information submitted indicates that the patient has had worsening depression despite being on this medication. The records submitted do not indicate any clinical or diagnostic evidence of psychosis, schizophrenia or bipolar disorder and the above-cited guidelines indicate that atypical antipsychotic medications are not indicated as first line agents for conditions covered in the Official Disability Guidelines. The FDA indicates the drug only for Schizophrenia and as an adjunct for patients with Bipolar Disorder. The data reviewed in sum do not therefore reflect an evidence based indication for Saphris and as such, this medication should be considered as not medically necessary for his condition. Therefore, the request is not medically necessary.