

Case Number:	CM13-0027377		
Date Assigned:	11/22/2013	Date of Injury:	11/02/2007
Decision Date:	04/30/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/20/2013

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 Internal 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:

This is a 60 year old male status post injury 11/2/07 in which while carrying a heavy cabinet the patient injured his lower back. The patient most recently (12/27/13) presented with leg pain rated 4/10 described as aching, burning, radiating, stabbing, weakness, numbness and swelling, exacerbated by stair climbing and improved by rest, back pain rated 3-4/10 located in the lumbar area, worsened by back extension, back flexion, hip extension and rotation, described as aching, burning, dull, sharp and spasming. On examination the patient was wheelchair bound, with loss of sensory and motor function of left upper and lower extremity. Diagnoses include Depression and Adjustment disorder, status post acute disc herniation/extrusion at L4-5, stroke causing hemiparesis, H Pylori positive. Treatment has included medication, including Cymbalta which the patient benefitted from, and L4-5 microdiscectomy 3/28/08. The disputed issue is FANAPT 2MG p.o. b.i.d. #60. Within the medical information available for review there are no medical reports mentioning Fanapt (Iloperidone), however medical report (5/14/13) reports the patient was recommended for CBT for treatment of depression and adjustment disorder

IMR ISSUES, DECISIONS AND RATIONALES

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

FANAPT 2MG P.O. B.I.D. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.pharma.us.novartis.com/product/pi/pdf/fanapt.pdf>

Decision rationale: FANAPT is an atypical antipsychotic agent indicated for the treatment of schizophrenia in adults. (1) Efficacy was established in two short-term (4- and 6-week) placebo- and active-controlled studies of adult patients with schizophrenia. (14) In choosing among treatments, prescribers should consider the ability of FANAPT to prolong the QT interval and the use of other drugs first. Prescribers should also consider the need to titrate FANAPT slowly to avoid orthostatic hypotension, which may lead to delayed effectiveness compared to some other drugs that do not require similar titration. Fanapt is antypsychotic drug and it not indicated for the treatment of depression. Therefore the request for Fanapt 2MG is denied.