MAXIMUS Federal Services

Case Number:	CM13-0050010		
Date Assigned:	04/25/2014	Date of Injury:	12/08/2006
Decision Date:	06/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/08/2013

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 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:

The patient is a 53 year old female that develop severe depression after an upper extremity injury in Dec '06. She had subsequnt rotator cuff surgery and shoulder debridement. She has also been diagnosed with right carpal tunnel syndrome and eventually developed a chronic pain syndrome. She has had a Psychological Med-Legal (M-L) exam and was diagnosed with severe depression as a reaction to her injury and the subsequent development of chronic pain. The M-L exam described a withdrawal from social interactions, prolonged screaming when isolated and a fear of impending death. She is being treated with Zoloft for the depression along with many other medications for her pain and medical conditions. The latest evaluation available for review (9/27/13) from the treating psychiatrist states that she has had "previous psychotic symptoms" and that the Respirdal will be maintained at 1.5mg as she does not want to increase the dose. Stable psychiatric symptoms are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

RISPERDAL 1.5 MG ONCE AT NIGHT #30 99070: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Mental Illness & Stress, Risperidone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information.

Decision rationale: The prior Utilization Review opinion stated that there was no evidence that there has been psychotic symptoms associated with the major depression. A review of the records appears to clearly document that there has been a presence of psychotic symtoms, "previous psychotic symptoms" are documented by the treating Psychiatrist and it is noted that the Respirdal is successfully treating these. In addition, the prior psychological Med Legal evaluation also mentions nihilistic delusions manifesting as the fear if impending death due to her condition. The usual and customary guidelines do not address this issue in any detail. Standard texts and articles note that up to 25% of individuals with major depression have psychotic features and that a combination of medications for psychosis and depression is the standard of care.