

Case Number:	CM14-0006293		
Date Assigned:	03/03/2014	Date of Injury:	09/22/2008
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 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 51-year-old male who has submitted a claim for depression and anxiety associated with an industrial injury date of September 22, 2008. Medical records from 2013 were reviewed, the latest of which dated November 3, 2013 revealed that the patient is pleasant, calm, and well dressed. There are some issues with isolation and patient takes time to make decision. He feels depressed. He has been doing well for a while then feels low mood is coming back. The anxiety is coming back because he fidgets. The patient is oriented to the three spheres. He is tearful and desperate with his temperament. Treatment to date has included medications: Fluoxetine and Risperidone. Utilization review from January 9, 2014 denied the request for retrospective request for Risperidone 0.5mg #60 dos: 11/3/13 because subsequent cessation may be a problem. It is not listed as recommended for treatment of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR RESPERIDONE 0.5MG #60 DOS:11/3/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antidepressant for Chronic Pain, Page(s): 13-14.

Decision rationale: As stated on pages 13-14 of the CA MTUS Chronic Pain Medical Treatment Guidelines, anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. In addition, ODG states that typical antipsychotics Risperidone are used as an adjunct agent. In this case, Risperidone was prescribed to help regulate mood, control irritability and labile behavior, and help adjustment of antidepressant medications. However, the diagnosis of anxiety was not included in the documents submitted. Progress reports submitted are insufficient to establish the medical necessity for Risperidone. Therefore, the retrospective request for RISPERIDONE 0.5MG #60 DOS: 11/3/13 is not medically necessary.