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| Case Number: | CM14-0168753 | | |
| Date Assigned: | 10/16/2014 | Date of Injury: | 10/28/2006 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 licensed 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:

Injured worker is a 52 years old male with date of injury 10/28/2006. Date of the UR decision was 9/22/2014. Injured worker has been diagnosed with Major depressive affective disorder, recurrent episode, severe with psychotic behavior. Per report dated 8/14/2014, he complained of neck pain rated 9/10 with radiation to bilateral upper extremities with associated numbness and tingling. He also complained of low back pain with radiation to bilateral lower extremities with numbness and tingling. He was being prescribed Norco 10/325mg, Cymbalta 60 mg, Neurontin and Senna. Per report dated 8/15/2014, injured worker complained of anxiety and irritability due to pain and limitation. Objective findings listed that he appeared to be in a distressed state and used walker for ambulation. He maintained adequate eye contact but struggled with memory retention and recall. He was being prescribed Zoloft, Risperidal, Cogentin and Topamax. It was suggested that he has undergone 64 psychotherapy visits and 8 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperidal 3mg #60 1 tab twice a day: 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 and

Stress, Risperidal Other Medical Treatment Guideline or Medical Evidence: FDA.gov-
Risperidal

Decision rationale: Risperidal has FDA-approved indications for schizophrenia and bipolar disorder. According to ODG, Risperidal is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Atypical antipsychotics: Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013).The request for Risperdal 3mg #60 1 tab twice a day is not medically necessary as the injured worker does not have the diagnosis for which Risperidal is FDA approved. Also, Risperidal is not indicated for illnesses covered by ODG.

Cogentin 0.5mg 1 tab twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/cogentin-drug/indications-dosage.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- Benztropine; Cogentin

Decision rationale: Per FDA.gov, Cogentin is indicated for use as an adjunct in the therapy of all forms of parkinsonism. Useful also in the control of extrapyramidal disorders (except tardive dyskinesia) due to neuroleptic drugs (e.g., phenothiazines).The injured worker does not have symptoms of parkinsonism. In this case, it appears that the Cogentin is being prescribed

prophylactically with the Atypical Antipsychotic (Risperidal). The request for Cogentin 0.5mg 1 tab twice daily is not medically necessary.

Zoloft 100mg #30 1 tab daily: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors)-Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain". ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects". Injured worker has been diagnosed with Major depressive affective disorder, recurrent episode, severe with psychotic behavior. Per report dated 8/15/2014, injured worker complained of anxiety and irritability due to pain and limitation. Objective findings listed that he appeared to be in a distressed state and used walker for ambulation. He maintained adequate eye contact but struggled with memory retention and recall. The presentation does not indicate Major depressive disorder. The request for Zoloft 100mg #30 1 tab daily is not medically necessary.