

Case Number:	CM14-0175523		
Date Assigned:	10/28/2014	Date of Injury:	03/25/2010
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 53-year-old individual with an original date of injury of March 25, 2010. The covered body regions include the neck, upper thoracic spine, and psyche. The patient has a history of posttraumatic stress disorder and depression. The posttraumatic stress disorder was related to the original mechanism of injury which occurred in the context of a robbery. The patient's current medication regimen includes Abilify, Celexa, Clonopin, listener parole, Ironson, Norco, risk it all, and Soma. A utilization review determination had done certified this request for Zyprexa. The stated rationale was that the patient did not have any of the mentioned diagnoses in the Official Disability Guidelines such as bipolar or schizophrenia.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P Zyprexa 5 mg , take one tab daily # 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines, mental illness and stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anxiety Medications in Chronic Pain Topic & Mental Illness and Stress Chapter, Zyprexa Topic Other Medical Treatment Guideline or Medical Evidence: Zyprexa Heading, Uptodate Online

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address anti-psychotic medication. The Official Disability Guidelines Pain Chapter does address anxiety medications in patients with chronic pain. With regard to atypical anti-psychotics, the Official Disability Guidelines (ODG) states the following in section "(f) Other medications that may be useful": "Atypical antipsychotics: Olanzapine (Zyprexa) and Risperidone (generic available): used as an adjunct agent." The Official Disability Guidelines Mental Health Chapter specifies the following regarding Zyprexa: "Not recommended as a first-line treatment. Zyprexa (olanzapine) is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." Given the lack of detail criteria for use, an online evidenced based database is referenced. Uptodate Online specifies that Zyprexa has FDA approval for treating schizophrenia, bipolar, treatment resistant major depression, and agitation associated with bipolar and schizophrenia. In the case of this injured worker, the Zyprexa is being utilized for depression and PTSD. The patient has extensive documentation of mood symptoms and has trialed many other anti-psychotics and anti-depressants. A progress note on 7/26/2012 indicated the patient had already tried Risperdal and trazodone at that time. A more recent note on 8/28/14 indicates that the patient continues with severe depression and anxiety. There was no evidence of suicidal ideation. The treatment plan was to use Zyprexa instead of Abilify as an adjuvant medication. Atypical antipsychotic medications are often used as adjuvants in the treatment of refractory depression. This is appropriate and this request is medically necessary.