

<b>Case Number:</b>	CM14-0179186		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	01/02/1993
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 injured worker is a 44 year old male with date of injury 1/2/1993. Date of the UR decision was 10/15/2014. He developed chronic pain in multiple body parts due to cumulative trauma at work. Report dated 3/1/2013 suggested that the injured worker presented as being very depressed, was having "auditory thoughts and feeling that he was being followed." He was diagnosed with adjustment disorder with mixed anxiety and depressed mood; insomnia type sleep disorder due to pain; and psychological factors affecting medical condition. It was suggested that he was being prescribed Celexa, Risperdal and Xanax. Report dated 7/10/2014 suggested that injured worker's condition was unchanged. He complained of anger and was given diagnosis of major depressive disorder, insomnia type sleep disorder due to pain and psychological factors affecting medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Risperdal 2mg, #60:** Upheld

**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 & Stress

**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; Risperidone.

**Decision rationale:** Official Disability Guidelines states "Risperidone is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in Official Disability Guidelines. 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." The request for Risperdal 2mg, #60 is excessive and not medically necessary. There is no clinical indication for use of two antipsychotic medications in this case.

**Zyprexa 20mg, #30:** Upheld

**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 & Stress

**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; Zyprexa

**Decision rationale:** FDA states that Zyprexa is indicated for Schizophrenia; Bipolar I Disorder (Manic or Mixed Episodes). The injured worker has been diagnosed with Adjustment disorder with mixed anxiety and depressed mood, Insomnia type sleep disorder due to pain and Psychological factors affecting medical condition for which Zyprexa is not FDA approved. The request for Zyprexa 20mg, #30 is excessive and not medically necessary. There is no clinical indication for use of two antipsychotic medications in this case.

**Xanax 0.25mg, #24:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Alprazolam

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic

benzodiazepines are the treatment of choice in very few conditions. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Therefore, the request for Xanax 0.25mg, #24 is not medically necessary.