

<b>Case Number:</b>	CM14-0030522		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/01/1993
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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:

This 59 year-old patient sustained an injury on 4/1/1993 while employed by [REDACTED]. Request under consideration include Zyprexa 7.5mg, 30 times 30 days with 12 refills. The patient continues with chronic pain that interferes with her level of activity. Report of 12/27/13 from the provider had diagnoses of Degenerative Lumbar spondylosis; Myofascial Pain syndrome; and Insomnia. Current medications list Methadone, Oxycontin, Dilaudid, Lidoderm patches, and zyprexa. There was no objective findings or exam documented. Treatment noted URGENT pain medications refill that should not be altered and lists California state law 974. The patient remained permanently disabled. Report of 1/6/14 from the provider is essentially unchanged and similar to report of 12/27/13 except for date. It noted the patient with chronic low back pain with diagnoses of degenerative spondylosis of the lumbar spine, scoliosis, and Parkinson's Disease. No objective findings or exam noted. Treatment for medication refills. There is an MRI of the lumbar spine dated 11/4/13 that showed stable L5-S1 fusion without evidence of central canal or neural foraminal stenosis; stable disc protrusion at L3-4 mildly narrowing the central and right neural foramen. The request for Zyprexa 7.5mg, 30 times 30 days with 12 refills was non-certified on 2/13/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zyprexa 7.5mg, 30 times 30 days with 12 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines (ODG): Mental Chapter; Atypical Antipsychotics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter, Anxiety medications in chronic pain, Zyprexa, page 662.

**Decision rationale:** This 59 year-old patient sustained an injury on 4/1/1993 while employed by [REDACTED]. Request under consideration include Zyprexa 7.5mg, 30 times 30 days with 12 refills. The patient continues with chronic pain that interferes with her level of activity. Report of 12/27/13 from the provider had diagnoses of degenerative lumbar spondylosis, myofascial pain syndrome and insomnia. Current meds list Methadone, Oxycontin, Dilaudid, Lidoderm patches, and zyprexa. There was no objective findings or exam documented. Treatment noted URGENT pain medications refill that should not be altered and lists California state law 974. The patient remained permanently disabled. Report of 1/6/14 from the provider is essentially unchanged and similar to report of 12/27/13 except for date. It noted the patient with chronic low back pain with diagnoses of degenerative spondylosis of the lumbar spine, scoliosis and Parkinson's Disease. No objective findings or exam noted. Treatment for medication refills. Zyprexa, an antipsychotic, is indicated for the treatment of schizophrenia and episodes of mania associated with bipolar disorder. It may also be prescribed in the treatment of specific Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) diagnosis of anxiety disorder. Submitted reports have not demonstrated significant symptom complaints, clinical findings, diagnoses of psychiatric and psychological issues related to the chronic low back injury nor identified functional improvement from treatment previously rendered. The Zyprexa 7.5mg, 30 times 30 days with 12 refills is not medically necessary and appropriate.