

Case Number:	CM14-0052810		
Date Assigned:	07/07/2014	Date of Injury:	02/25/2007
Decision Date:	09/16/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/21/2014

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:

This 53-year-old patient had a date of injury on 2/25/2007. The mechanism of injury was not noted. In a progress noted dated 3/15/2014, subjective findings included patient complaining of feelings of helplessness. On a physical exam dated 3/15/2014, objective findings included depression, anxiety with cognitive deterioration. Diagnostic impression shows major depressive disease-severe. Treatment to date includes medication therapy, behavioral modification, psychotherapy. A UR decision dated 3/19/2014 denied the request for Risperdal .5mg #30 x4 refills prescribed 3/7/2014, stating that while the patient has a diagnosis of major depression with psychotic features, there is no indication of any current psychotic symptomatology or specific rationale as to why he would be taking an antipsychotic for such an extended period of time without psychotic symptoms. There is not detailed response to this medication, side effects, or overall treatment plan for this medication that has numerous adverse potential side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperdal 0.5mg, #30 with 4 refills (prescribed 3/7/14): 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 Illness & Stress Chapter- Atypical antipsychotics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FDA(Risperdal)Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications. The ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. In addition, the FDA identifies that Risperdal is indicated for the acute and maintenance treatment of schizophrenia, the short-term treatment of acute manic or mixed episodes associated with Bipolar I Disorder, and the treatment of irritability associated with autistic disorder in children and adolescents. In the reports viewed, the patient has been documented to be on Risperdal, Zoloft, and Atarax since at least 7/13/2012. In a progress note dated 3/15/2014, the patient is noted to remain off work until emotional condition improves. There was no discussion regarding any functional improvement with the Risperdal since the initiation of treatment in 2012. Furthermore, there was no rationale provided as to why the patient required Zoloft, in addition to the Risperdal, to treat major depression. Therefore, the request for Risperdal .5mg #30 x4, prescribed 3/7/2014, is not medically necessary.