

<b>Case Number:</b>	CM14-0080618		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old male with a 10/28/08 date of injury. At the time (5/7/14) of request for authorization for Risperidone 1mg #30 with 5 refills between 5/07/14 and 11/09/14, Cymbalta 60mg #30 with 5 refills between 5/07/14 and 11/09/14, and Mirtazapine 30mg #30 with 5 refills between 5/07/14 and 11/09/14, there is documentation of subjective (bilateral wrist pain) and objective (a score of 22 on the Patient Healthcare Questionnaire) findings, current diagnoses (major depressive disorder, and chronic pain syndrome associated with psychological factors), and treatment to date (medications (including Cymbalta since at least 5/22/13, Mirtazapine since at least 6/12/13, and ongoing treatment with Risperidone)). Medical reports identify that psychiatric medication hold the depression and agitation at bay. Regarding Risperidone, Cymbalta, and Mirtazapine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Risperidone use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Risperidone 1mg #30 with 5 refills between 5/07/14 and 11/09/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388-402.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page(s) 13-14 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, and chronic pain syndrome associated with psychological factors. In addition, there is documentation of ongoing treatment with Risperidone. However, despite documentation that psychiatric medication holds the depression and agitation at bay, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Risperidone use to date. Therefore, based on guidelines and a review of the evidence, the request for Risperidone 1mg #30 with 5 refills between 5/07/14 and 11/09/14 is not medically necessary.

**Cymbalta 60mg #30 with 5 refills between 5/07/14 and 11/09/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), page(s) 43-44 Page(s): 43-44.

**Decision rationale:** Cymbalta. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, and chronic pain syndrome associated with psychological factors. In addition, there is documentation of ongoing treatment with Cymbalta since at least 5/22/13. However, despite documentation that psychiatric medication holds the depression and agitation at bay, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cymbalta use to date. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 60mg #30 with 5 refills between 5/07/14 and 11/09/14 is not medically necessary.

**Mirtazapine 30mg #30 with 5 refills between 5/07/14 and 11/09/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388-402.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page(s) 13-14 Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, and chronic pain syndrome associated with psychological factors. In addition, there is documentation of ongoing treatment with Mirtazapine since at least 6/12/13. However, despite documentation that psychiatric medication holds the depression and agitation at bay, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Mirtazapine use to date. Therefore, based on guidelines and a review of the evidence, the request for Mirtazapine 30mg #30 with 5 refills between 5/07/14 and 11/09/14 is not medically necessary.