

<b>Case Number:</b>	CM14-0094737		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/25/1986
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Family 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:

This is a 64 year old male who reported an industrial injury on 9/25/1986, 28 years ago, attributed to the performance of customary job tasks. The patient was noted to have received a cervical spine fusion. The patient has been on Paxil and Risperdal for at least one year. The patient is noted to have no complaints of anxiety or depression. The patient is reported to have underlying psychiatric issues due to prior military service and is getting psychiatric therapy at the [REDACTED]. There was no documented mental status examination or assessment of the efficacy of the prescribed Risperdal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Risperdal 1mg:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- medications for chronic pain; anti-depressants; AEDs.

**Decision rationale:** The prescription for Risperdal is not demonstrated to be medically necessary for the effects of the industrial injury. There is no documented functional improvement from the

prescription of this drug, which is directed to the underlying medical issue of a Bipolar disorder or Schizophrenia. There was no demonstrated mental status evaluation by the requesting physician. There was no functional assessment or the prescribed Risperdal. There was no evidence of sustained functional improvement. The patient reported no complaints of anxiety depression. It was not clear that the Risperdal was medically necessary. There is no rationale to support medical necessity and no nexus to the DOI. There is no demonstrated medical necessity for the prescription of Risperdal in the treatment of chronic pain. Therefore, the request for Risperdal 1mg is not medically necessary and appropriate.