

Case Number:	CM14-0186499		
Date Assigned:	11/14/2014	Date of Injury:	08/28/2013
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 57 year old male injured worker suffered an industrial accident on 8/28/2013 of a "slip and fall". No other details of the accident were provided. The injured work had 5 different orthopedic surgeries to the right ankle and foot. The left hip developed compensatory pain as well. The injured worker also developed major depression as a result of the injuries, treatment and severe continued pain. He was under the care of a Psychiatric provider who prescribed and monitored the psychoactive medications. The medications were Zoloft, Klonopin, and Xanax. The injured worker suffered from Major Depressive Disorder with psychotic feature and anxiety. On 9/10/2014 the injured worker reported that the depression had become worse. He described unpredictable periods of crying and then periods of feeling high. The practitioner reduced the antidepressant and added Risperidone. The UR decision for non-certification stated there was no documentation in the medical records justifying the need for this medication as a retrospective request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Risperidone 1mg tablets #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 (ODG), Mental Illness & Stress, page 42

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, Atypical antipsychotics; Risperidone

Decision rationale: The ODG 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 the ODG. 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 injured worker does not carry a diagnosis of Schizophrenia or Bipolar disorder for which Risperidone is approved for. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, Risperidone) for conditions covered in the ODG. The request for Retrospective Risperidone 1mg tablets #30 is not medically necessary.