

Case Number:	CM14-0200036		
Date Assigned:	12/10/2014	Date of Injury:	04/07/1997
Decision Date:	01/29/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 64-year-old gentleman with a date of injury of 04/07/1997. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/27/2014 indicated the worker was experiencing pain, possibly in the neck and/or upper back; details were not provided. The documented examination described tenderness and spasm in the upper and lower back with associated trigger points and decreased motion in the upper and lower back joints. The submitted and reviewed documentation concluded the worker was suffering from lumbar degenerative disk and joint diseases, myofascial pain syndrome, cervical degenerative joint disease, GERD, depression, and post-traumatic headaches. Treatment recommendations included continued oral medications and follow up care. A Utilization Review decision was rendered on 11/13/2014 recommending modified certification for sixty tablets of olanzapine 5mg without refills. A treating physician note dated 12/08/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Olanzapine 5 mg, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 72, 75, and 80 - 95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Olanzapine: Drug information. Topic 9716, version 150.0. UpToDate, accessed 01/26/2015.

Decision rationale: Olanzapine is a second generation antipsychotic medication. The MTUS Guidelines are silent on this issue. The FDA approves olanzapine for the treatment of schizophrenia, acute mania due to bipolar disorder, depression that is resistant to other medications or is due to bipolar disorder, or acute agitation due to schizophrenia or bipolar disorder. There is also some evidence in the literature to support its use in the treatment of delirium or in combination with other medications to prevent chemotherapy-induced nausea and vomiting during cancer treatment. The submitted and reviewed documentation concluded the worker was suffering from lumbar degenerative disk and joint diseases, myofascial pain syndrome, cervical degenerative joint disease, GERD, depression, and post-traumatic headaches. There was no discussion suggesting the worker's depression was treatment resistant or due to bipolar disorder, describing benefit from this medication, or indicating the worker had any of the other above conditions. In the absence of such evidence, the request for sixty tablets of Olanzapine 5mg with one refill is not medically necessary.