

Case Number:	CM15-0003420		
Date Assigned:	01/14/2015	Date of Injury:	08/16/2002
Decision Date:	03/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 49 year old female whose date of injury is 08/16/02, the mechanism of which is unknown. Diagnoses include depression not otherwise specified and psychological factors effecting medical condition, cervical spine discopathy, status post disc excision and fusion, status post left knee arthroscopy and mild osteoarthritis. She suffered from periodontal disease, and abscesses and fractures of the teeth due to her industrial injury. Treatments to date have included surgery, medications, and physical therapy. She currently complains of pain in her neck, and severe low back pain radiating to the right leg, and severe pain in both knees, greater on the right. Her pain is chronic in nature. She stated she has had no improvement of her symptoms and her activities of daily living continue to be affected. Therapy is not helping. PR2 of 11/26/14 from Dr. [REDACTED] office shows that the IW was emotionally withdrawn and unkempt, with depressed facial expression and visible anxiety. On the symptoms checklist she had improved concentration and thinking, decreased depression and agitation. She had sleep disturbance, extreme worry, restlessness, panic attacks. Medications included Ambien 10mg QHS (changed from Ambien CR 12.5mg), Risperdal 0.5mg QHS, Xanax 0.5mg BID, Trazodone 100mg QHS, Prozac 20mg BID, and Bupropion 100mg QAM/QHS. Sleep hygiene was discussed. On December 10, 2014, Utilization Review non-certified Risperidone 0.5mg and Xanax 0.5mg. She was on Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperidone 0.5mg #30 Refill: 2: 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 CA-MTUS does not reference Risperidone. ODG Atypical antipsychotics Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielman, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harm

Decision rationale: Risperidone (Risperdal) is an atypical antipsychotic FDA approved for schizophrenia and bipolar disorder, neither diagnosis applies to this patient. Per ODG, it is not recommended as a first line treatment and there is insufficient evidence to recommend it for conditions covered in ODG. There is no evidence provided to support its use. This request is therefore noncertified.

Xanax 0.5mg #60 Refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not recommended for long-term use because long-term efficacy is unproven and there is a risk of.

Decision rationale: Xanax is a benzodiazepine which which may be used for anxiety and as a sedative/hypnotic. It has not been specified in this patient. Per MTUS is not recommended for long term use >4 weeks due to the tolerance. A more appropriate treatment for anxiety disorder is an antidepressant. The patient is on Prozac and bupropion, both of which are antidepressants. This request is therefore noncertified.