

Case Number:	CM15-0105135		
Date Assigned:	06/15/2015	Date of Injury:	06/10/2009
Decision Date:	07/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 47 year old male, who sustained an industrial injury on 6/10/2009. The details of the initial injury were not included in the documentation submitted for this review. Diagnoses include adhesive capsulitis, cervical disc disease and bipolar disorder, depressed with psychotic features. Treatments to date include medication therapy. Currently, he complained of not receiving authorization for his medications. There were paranoid delusions and suspicion of others. The activities of daily life were neglected and he was not shaving. Current medications included Wellbutrin XL 300 mg daily, Fetzima 80mg one tablet daily, and Saphris 5mg every night. On 5/12/15, the physical examination documented normal thought process and denied suicidal ideation. The plan of care included Saphris 10mg tablets, one sublingual tablet every night #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tabs of Saphris 10 MG with 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Medical Letter: Treatment Guides from the Medical Letter, Issue 130, June 1, 2013, Drugs for Psychiatric Disorders.

Decision rationale: Sapris is a second generation anti-psychotic, asenapine. Second-generation antipsychotics are used for treatment of schizophrenia, schizoaffective disorder, delusional disorder and other manifestations of psychosis or mania. They have a relatively low risk of extrapyramidal effects, and are probably less likely than first-generation anti-psychotics to cause tardive dyskinesia and neuroleptic malignant syndrome. The most commonly reported adverse effects of asenapine are insomnia, somnolence, nausea, vomiting and weight gain. The FDA requires the manufacturers of all second-generation antipsychotics to include product-label warnings about hyperglycemia and diabetes, even though the risks are not equivalent for all drugs in the class, and about an increased risk of death among elderly patients with dementia. In this case the patient is diagnosed with bipolar disorder with psychotic features. Sapris is not indicated for the treatment of bipolar disorder. Medical necessity has not been established, the request is not medically necessary.