

<b>Case Number:</b>	CM15-0108391		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old female, who sustained an industrial injury on 10/13/08. She reported a fall. The injured worker was diagnosed as having major depressive disorder, insomnia due to pain and psychological factors affecting medical condition. Treatment to date has included oral medications Prozac liquid, Risperdal liquid, Topamax, Zyprexa, Restoril and Ativan, peripheral percutaneous neurostimulation, activity restrictions, speech therapy and home exercise program. Currently, the injured worker complains of being quite depressed and was hospitalized for 5 days due to suicidal ideations, she is not suicidal now. Physical exam noted completion of 4 of 6 certified sessions. The treatment plan included Prozac liquid, Risperdal liquid, Topamax, Zyprexa, Restoril and Ativan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Risperdal Liquid 1mg/1ml, Qty 60 ml, take 1/2 ml 2 times daily: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13, 16. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Atypical antipsychotics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental/stress chapter, Risperidone (Risperdal).

**Decision rationale:** The patient complains of pain in bilateral shoulders, neck and back, and has been diagnosed with lumbar spondylosis, chronic pain syndrome, narcotic dependence, and major depressive disorder, as per progress report dated 01/15/15. The request is for Risperdal liquid 1mg/1ml, qty 60 ml, take 1/2 ml 2 times daily. No RFA could be found for this case, and the patient's date of injury is 10/13/08. Diagnoses, as per progress report dated 03/08/15, included severe major depressive disorder, and insomnia type sleep disorder. Medications included Prozac, Topamax, Zyprexa, Risperdal, Restoril, and Ativan. The patient is temporarily totally disabled, as per the same progress report. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the mental/stress chapter on Risperidone (Risperdal) states, not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotic (e.g. Quetiapine, Risperidone) for conditions covered in ODG. In this case, the utilization review denied the request stating that there is no active diagnoses schizophrenia or bipolar mania and irritability for which the medication is indicated. The patient has been taking Risperdal since 11/05/13, as per progress report dated 09/27/14. According to progress report dated 03/08/15, the medication has been prescribed for schizophrenia. While report dated 10/16/14 stated that the patient cut herself both wrists and had auditory hallucination, there is no clear diagnoses of schizophrenia. Additionally, this medication is not intended as a first line treatment and there is no discussion that this patient has failed other first line medications. Hence, the requested Risperdal is not medically necessary.

**Topamax 200 mg Qty 90, take 1 twice daily:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 17, 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21. Decision based on Non-MTUS Citation MedlinePlus [www.nlm.nih.gov/medlineplus/druginfo/meds/a697012.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697012.html).

**Decision rationale:** The patient complains of pain in bilateral shoulders, neck and back, and has been diagnosed with lumbar spondylosis, chronic pain syndrome, narcotic dependence, and major depressive disorder, as per progress report dated 01/15/15. The request is for Topamax 200 mg qty 90, take 1 twice daily. No RFA could be found for this case, and the patient's date of injury is 10/13/08. Diagnoses, as per progress report dated 03/08/15, included severe major depressive disorder, and insomnia type sleep disorder. Medications included Prozac, Topamax, Zyprexa, Risperdal, Restoril, and Ativan. The patient is temporarily totally disabled, as per the same progress report. MTUS Guidelines page 21, Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed. Medline Plus, a service of U.S, National Library of Medicine, at [www.nlm.nih.gov/medlineplus/druginfo/meds/a697012.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697012.html), states that "Topiramate is used

alone or with other medications to treat certain types of seizures including primary generalized tonic-clonic seizures (formerly known as a grand mal seizure; seizure that involves the entire body) and partial onset seizures (seizures that involve only one part of the brain)." In this case, the patient has been taking Topamax since 02/20/12, as per progress report dated 09/27/14. According to progress report dated 03/08/15, the medication has been prescribed for seizures. The utilization review denied the request stating that there is no diagnosis of epilepsy or migraine for which the medication is indicated. However, as per progress report dated 02/18/15, the patient has history of recurrent seizures. Although the provider does not document efficacy, MTUS considers Topamax as an anti-epileptic drug. Medline Plus also supports the use of this medication for seizures. Hence, the request appears reasonable and is medically necessary.