

Case Number:	CM15-0160576		
Date Assigned:	08/27/2015	Date of Injury:	01/07/2010
Decision Date:	09/29/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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, Arizona, Maryland
 Certification(s)/Specialty: 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 51 year old male who sustained an industrial injury on 1-7-10. According to the Initial Psychiatric Agreed Medical Evaluation dated 6-24-14, the injured worker felt pain following a back injury in which he heard his lower back "pop". He was involved in an altercation, in which his job required him to restrain the individual, when the injury occurred. He reported the incident and was evaluated by medical personnel. He was placed on limited duty, but was, ultimately "told he was off until he was fit to perform his regular duties". He indicated that he had not returned to his job since that time and stated that he "retired" due to fear. His medical treatment of the injury included physical therapy, chiropractic care, acupuncture, pain injections, psychiatric evaluation, psychiatric counseling, and group therapy. He was, eventually, referred to pain management and was placed on Gabapentin. The report states that the injured worker was referred for a psychiatric evaluation "approximately" two to three years prior to the report. The injured worker stated that he was "sensitive and would blow up and get angry or cry for no reason". He also stated that he "felt anxious and desperate". He was prescribed Prozac, Risperdal, Vistaril, and Prosom. Psychotherapy was initiated. He indicated that his treatment to the date of the report had been "helpful". The history revealed that the injured worker had previous industrial injuries in 1994, "the 2000s", and in "2005 or 2008". He denied a previous history of psychiatric treatment. His diagnoses included post-traumatic stress disorder due to assaults at work and injuries and pain disorder due to psychological factors and physical injury. The treatment plan indicated that he has "had adequate psychotherapy". Refills of medications were recommended. However, the treatment recommendation states there

is "some question as to why he is on Risperdal since he is not psychotic and his mood is stable". On 12-12-14, he presented to a psychiatric provider for "medication management". The report states "For review of previously expressed opinions, the reader would be referred back to the earlier reports from this office". Refills of Prozac, Risperdal, and Prosom were given. On 3-26-15, a prescription for Atarax was added to his other medications. The report states that the injured worker's "subjective complaints, subjective findings, and the prescriptions written today have been set forth in the attached progress report". This document is not available for review. On 7-8-15, treatment remained unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperdal 1mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Risperdal-Mental Illness and 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 (ODG) Mental Illness & Stress/Atypical Antipsychotics, Risperdal and Other Medical Treatment Guidelines FDA.gov-Risperdal.

Decision rationale: ODG states "Risperdal is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in 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." Per FDA, Risperdal is an atypical antipsychotic agent indicated for: Treatment of schizophrenia in adults and adolescents aged 13-17 years; Alone, or in combination with lithium or valproate, for the short-term treatment of acute manic or mixed episodes associated with Bipolar I Disorder in adults, and alone in children and adolescents aged 10-17 years; Treatment of irritability associated with autistic disorder in children and adolescents aged 5-16 years. The request for Risperdal 1 mg QTY: 90 is not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. The injured worker has not been diagnosed with any of the above mentioned conditions for which Risperdal has an FDA indication for. This medication is not clinically indicated at this time.

Prosom 20mg QTY: 90: 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), Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124. Decision based on Non-MTUS Citation FDA.gov- Prosom.

Decision rationale: Prosom (estazolam) is indicated for the short-term management of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings. MTUS states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Prosom for insomnia on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Prosom 20mg QTY: 90 is excessive and not medically necessary.