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| <b>Case Number:</b>   | CM15-0162384 |                              |            |
| <b>Date Assigned:</b> | 08/28/2015   | <b>Date of Injury:</b>       | 12/08/2006 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 07/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/18/2015 |

### 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 54 year old female who sustained an injury on 12-8-06. This resulted when she was trying to assemble a meat cutter when she sustained a severe laceration to her finger. While trying to pull her arm out she also sustained severe injury to her right shoulder and right upper extremity. Surgery was performed on 2-25-08 to the right shoulder. Diagnoses include major depressive disorder; asthma, hypertension, Type II diabetes mellitus and sleep apnea, chronic pain and discomfort. Currently the psychiatric evaluation from 7-9-15 states the IW is feeling better with improvement in her depression and anxiety. Treatment for her lumbar spine and diabetes and other medical issues are being cared for through [REDACTED] [REDACTED]. Her mood is described as "better"; oriented to time, place, person and situation; denies suicidal ideations, homicidal ideations, auditory hallucinations, visual hallucinations or tactile hallucinations; no thought disorder and her insight and judgment are good. Medications include Zoloft 150 mg every day; Klonopin .5 mg every night as needed; Risperdal 2 mg every night; Metformin 500 mg twice a day; Verapamil 120 mg every day; Topamax 100 mg twice a day; Gemfibrozil 600 mg twice a day and Sumatriptan 100 mg as needed. Diagnoses are Major depressive Disorder, first episode; Asthma, hypertension, Type II diabetes mellitus, sleep apnea, chronic pain and discomfort, physical limitations, unemployment and financial hardship. The plan is Risperdal 2 mg every night; discontinue Lunesta, continue with therapy, diabetic medications, hypertension and sleep apnea. Current requested treatments Risperdal 2 mg every night #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Risperdal 2mg QHS #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, PTSD pharmacotherapy, pages 557-558, Anxiety medications in Chronic Pain, pages 660-662.

**Decision rationale:** Risperidone is an antipsychotic drug mainly used to treat schizophrenia, schizoaffective disorder, the mixed and manic states of bipolar disorder, and irritability in people with autism and irritability, none of which apply to listed diagnoses. It appears the patient is prescribed without demonstrated functional benefit. ODG states there is insufficient evidence to support for pharmacologic agents in the prevention and development of PTSD/ depression and specifically recommend against the use of typical antipsychotics, such as haloperidol and Risperdal in the management of PTSD/ Depression. Submitted reports have not adequately demonstrated the indication to support treatment with Risperdal outside the guidelines recommendations and criteria. There is no report of acute flare-up, new musculoskeletal injury, or functional benefit derived from previous treatment rendered. The Risperdal 2mg QHS #30 is not medically necessary and appropriate.