

Case Number:	CM15-0163585		
Date Assigned:	08/31/2015	Date of Injury:	12/11/2008
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female who sustained an industrial injury on 12-11-08. In a psychiatric updated report dated 5-22-15, the physician notes She got her Saphris and Bupropion in April, but not the rest of her medications. Her anxiety is higher, emotions are more labile and she is more depressed. She is flat but responds readily to questions. She has been almost constantly isolating in her room. She is severely compromised as to activities of daily living. Remeron is effective for sleep and she alternates Hydroxyzine and Klonopin for anxiety. Her pain is very consuming and she reports that her whole body hurts. She has refractory depression. She responded well previously to cognitive behavioral therapy. Ongoing medications are Savella, Saphris, Klonopin, Wellbutrin, Hydroxyzine, and Remeron. Work status is that she remains disabled from gainful employment. The requested treatment is continued use of Saphris 5mg #60, as prescribed on 7-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued use of Saphris 5mg #60, as prescribed on 7/10/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 and Other Medical Treatment Guidelines Saphris prescribing information.

Decision rationale: The claimant sustained a work injury in December 2008 when she injury her right hand. She underwent a ligament reconstruction in December 2010 and developed major depression after the surgery failed to provide functional improvement. Treatments have included medications, acupuncture, racing, physical therapy, and cognitive behavioral therapy. Medications being prescribed include hydroxyzine, Klonopin, Remeron, Wellbutrin XL, Savella, and Saphris. Saphris is an atypical antipsychotic medication indicated for the treatment of schizophrenia or the acute treatment of manic or mixed episodes of bipolar I disorder as monotherapy or as adjunct of therapy to lithium or valproate. In this case, the claimant does not have either of these diagnoses. In terms of major depressive disorder, adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults. The benefits in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. Therefore, this medication was not medically necessary.