

<b>Case Number:</b>	CM15-0186928		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 56 year old female who sustained an industrial injury on 5-22-01. The injured worker reported "emotional disturbances, sleep issues, interpersonal difficulties, and physical pain." A review of the medical records indicates that the injured worker is undergoing treatments for cognitive disorder, major depressive disorder, and pain disorder. Treatment has included lumbar spine magnetic resonance imaging (7-8-15), Naproxen, physical therapy, and chiropractic treatments. Objective findings dated 6-30-15 were notable for "anxious and fidgety...demonstrated an appropriate range of affect." The original Utilization Review (9-1-15) partially approved a request for Risperidone tab 4 mg quantity of 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Risperidone Tab 4mg #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 (ODG), Integrated/Disability Duration Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress, Risperidone (Risperdal) ODG Mental Illness & Stress, Atypical antipsychotics.

**Decision rationale:** The CA MTUS is silent concerning the use of risperidone, which is an atypical antipsychotic. However, the cited ODG states that atypical antipsychotics are not recommended as a first-line treatment and there is insufficient evidence to recommend them for conditions covered in ODG. Furthermore, they state that antipsychotic drugs should not be first-line treatment to treat behavioral problems and should be far down the list of medications used for insomnia. Based on the limited treating provider notes, it is not clear that the requested risperidone is for use in an industrially related injury. However, even if the request is industrially related, the documentation did not meet guidelines for risperidone use in this injured worker. Therefore, the request for risperidone tab 4 mg #30 is not medically necessary and appropriate.