

Case Number:	CM15-0201640		
Date Assigned:	10/16/2015	Date of Injury:	07/23/2004
Decision Date:	12/04/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/13/2015

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 40 year old male, who sustained an industrial injury on 07-23-2004. He has reported injury to the low back. The diagnoses have included bipolar disorder mixed with psychotic features; and post-traumatic stress disorder. Treatment to date has included medications, diagnostics, and psychotherapy. Medications have included Flexeril, Zyprexa, Tranxene, and Risperdal. A progress report from the treating provider, dated 09-28-2015, documented an evaluation with the injured worker. The injured worker reported depression, anxiety, tension, irritability, flashbacks, nightmares, persecutory delusions, lack of self-confidence, and lack of energy and motivation; and he has pain in the back and tightness of muscles. Objective findings included psychomotor agitation; pressured speech; flight of ideas; panic attacks; insomnia; crying spells; and impaired concentration and thinking. The treatment plan has included the request for psychotherapy 45 min one times 3-5 weeks; Zyprexa 10mg #60; and Risperdal 2mg #60. The original utilization review, dated 10-08-2015, non-certified the request for Zyprexa 10mg #60; and Risperdal 2mg #60; and modified the request for psychotherapy 45 min one times 3-5 weeks, to clarify a total of 5 weeks of psychotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 45min one times 3-5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), Mental Illness & Stress, cognitive therapy for depression.

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/ Cognitive therapy for PTSD.

Decision rationale: The injured worker has been diagnosed with bipolar disorder mixed with psychotic features; and post-traumatic stress disorder and has undergone psychotherapy treatment. There is no clear information regarding the number of sessions completed so far. Also, per the most recent progress report dated 9/28/2015, he continues to experience depression, anxiety, tension, irritability, flashbacks, nightmares, persecutory delusions, lack of self-confidence etc. Also the objective findings suggest that there has been no significant improvement in the symptoms with the treatment so far. The guidelines do not recommend further psychotherapy treatment in absence of objective functional improvement with the treatment so far. Thus, the request for Psychotherapy 45min one times 3-5 weeks is not medically necessary.

Zyprexa 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index 13th Edition (web), 2015, Mental Illness & Stress, Olanzapine (Zyprexa).

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.

Decision rationale: ODG states "Atypical antipsychotics: Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) as monotherapy for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielman, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful." The injured worker has been diagnosed with bipolar disorder mixed with psychotic features; and post-traumatic stress disorder. He is being prescribed Zyprexa 20 mg daily and Risperidal 4 mg daily. Guidelines state as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) as monotherapy for conditions covered in ODG. It is also to be noted that he has been authorized for a 6-month supply of this medication in September 2015. The request for Zyprexa 10mg #60 is excessive and not medically necessary.

Risperdal 2mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 13th Edition (Web), 2015, Mental Illness & Stress, Risperidone (Risperdal).

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.

Decision rationale: ODG states "Atypical antipsychotics: Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) as monotherapy for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielman, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. " The injured worker has been diagnosed with bipolar disorder mixed with psychotic features; and post-traumatic stress disorder. He is being prescribed Zyprexa 20 mg daily and Risperdal 4 mg daily. Guidelines state as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) as monotherapy for conditions covered in ODG. It is also to be noted that he has been authorized for a 6-month supply of this medication in September 2015. The request for Risperdal 2mg #60 is excessive and not medically necessary.