

<b>Case Number:</b>	CM15-0203827		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	05/28/2007
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 63 year old male with a date of injury on 05-28-2007. The injured worker is undergoing treatment for progressive dementia with depression. A psychiatrist progress note dated 06-11-2015 documents he is being treated for Alzheimer's dementia. He is still confused and is no longer sleeping or eating. He has complaints of headaches the last 8 days. Ambien was tried but he had abnormal sleep related behaviors. At times he is hallucinating. He is taking Cymbalta 120mg and Zyprexa 10mg. It was decided to decrease the Cymbalta and start Remeron to target the sleep disturbance and appetite. A neurologic evaluation dated 08-18-2015 documents the injured worker continues to be treated for progressive dementia associated with depression and sun downing syndrome. He is currently on a combination of Aggrenox, Namenda, Aricept, Remeron and Seroquel. A physician progress note dated 09-27-2015 documents the injured worker has been receiving this medication for several years with a marked improvement of his depression, as it is being used as an augmentor to his Cymbalta and Remeron and has noted functional benefit from it with a better ability to accomplish his activities of daily living. He has previously tried Prozac, Lexapro, and Seroquel. Treatment to date has included medications. He is not working. On 10-05-2015 Utilization Review non-certified the request for Zyprexa (Olanzapine) 10mg #30, 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zyprexa (Olanzapine) 10mg #30, 3 refills: 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 Illness & Stress Atypical Antipsychotics, Zyprexa (Olanzapine).

**Decision rationale:** ODG states "Olanzapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., 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." The injured worker is being treated with Zyprexa for progressive dementia with depression which seems to be an off label use for this medication. The request for Zyprexa (Olanzapine) 10mg #30, 3 refills is excessive and not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG.