

Case Number:	CM15-0027721		
Date Assigned:	02/20/2015	Date of Injury:	06/22/2005
Decision Date:	03/31/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50 year old male, who sustained an industrial injury on June 22, 2005. The injured worker was noted to have injuries to the hands, wrists and emotional state. The diagnoses have included major depressive disorder and psychological factors affecting medical condition. Treatment to date has included multiple anti-depressant medications and psychiatric evaluations. Current documentation dated October 16, 2014 notes that the injured worker was experiencing ongoing depression with visual and auditory hallucinations. Objective findings note that the injured worker had been taking his current medications for years. The functional benefit of the medications include that the injured worker is better able to execute functions of daily living. On January 24, 2015 Utilization Review modified a request for Zyprexa 20 mg # 30. The Official Disability Guidelines were cited. On February 13, 2015, the injured worker submitted an application for IMR for review of Zyprexa 20 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zyprexa 20 mg #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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental health section, Zyprexa

Decision rationale: Pursuant to the Official Disability Guidelines, Zyprexa 20 mg #30 is not medically necessary. Zyprexa is not recommended as a first-line treatment. Zyprexa is used to treat symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are major depressive disorder; and psychological factors affecting medical condition. The medical record reflects the injured worker is being treated for psychosis with different medications with minimal effect. Medications include Viibryd for depression, Latuda for psychosis, Zyprexa for psychosis and Risperidol for psychosis, Lunesta for insomnia and Atarax for anxiety. Medical record indicates the injured worker is still suffering with ongoing depression, visual and auditory hallucinations. This issue has been going on for years with ongoing medical treatment. Risperidol and Zyprexa "are not holding the patient". Latuda was added. There is no clinical rationale for the ongoing use of risperidone and or Zyprexa while other antipsychotics are being added to the treatment regimen. The guidelines are clear. Zyprexa is not providing the desired clinical response. Additionally, there is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. There is no clinical rationale for the ongoing use of Risperidol and Zyprexa based on their ineffectiveness. Consequently, absent clinical documentation with objective functional improvement of Zyprexa, Zyprexa 20 mg #30 is not medically necessary.