

Case Number:	CM15-0029056		
Date Assigned:	02/23/2015	Date of Injury:	02/25/2007
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 27, 2007. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for Risperdal reportedly prescribed on January 9, 2015. Non-MTUS ODG Guidelines were invoked in the denial, despite the fact that the MTUS addresses the topic. Atarax and Zoloft, somewhat incongruously, were approved. The applicant's attorney subsequently appealed. In a March 23, 2012 initial psychiatric report, the applicant was described as having issues with depression with associated symptoms including crying spells, tearfulness, low energy levels, apathy, social withdrawal, irritability, insomnia, and poor self-esteem. The applicant's psychiatrist stated that there was no evidence of a psychotic thought disorder or any delusional processes. On September 6, 2014, the applicant's psychologist acknowledged that the applicant was off of work, had a number of financial constraints, and had no plans of returning to work. The applicant was given a primary operating diagnosis of major depressive disorder (MDD) with associated Global Assessment of Functioning (GAF) 52. No discussion of medications selection or medication efficacy transpired on this date. In a handwritten note dated January 10, 2014, the applicant was given refills of Zoloft, Atarax, and Risperdal. The stated diagnosis was that of major depressive disorder (MDD). On January 9, 2015, the applicant was again given refills of Zoloft, Atarax, and Risperdal. The note was very difficult and not entirely legible. It was stated that the applicant exhibited difficulty concentrating with medications. The stated diagnosis, once

again, was major depressive disorder (MDD). Once again, Zoloft, Atarax, and Risperdal were seemingly renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Risperdal 0.25 mg #15 with 2 refills with a dos of 1/9/2015: 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: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47;402. Decision based on Non-MTUS Citation Label for Risperdal - Food and Drug Administration www.accessdata.fda.gov/drugsatfda.../labe. Food and Drug Administration INDICATIONS AND USAGE: RISPERDAL is an atypical antipsychotic agent indicated for: Treatment of schizophrenia in adults and adolescents aged 13-17 years (1.1). Alone, or in combination with lithium or valproate, for the short-term treatment of acute manic or mixed episodes associated with Bipolar I Disorder in adults, and alone in children and adolescents aged 10-17 years (1.2). Treatment of irritability associated with autistic disorder in children and adolescents aged 5-16 years (1.3).

Decision rationale: No, the request for Risperdal, an atypical antipsychotic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course and antipsychotic is important, this recommendation is, however, qualified by commentary made in ACOEM Chapter 3, page 47 to the effect an attending provider should incorporate some discussion of efficacy of the medications for the condition for which it is being prescribed. Here, however, the attending provider did not clearly state for what purpose Risperdal, an atypical antipsychotic, was being employed. It was not clearly established why Risperdal, an atypical antipsychotic, was being employed here when the applicant carried an operating diagnosis of major depressive disorder (MDD). While the Food and Drug Administration (FDA) does establish ancillary roles for Risperdal in the treatment of bipolar disorder, manic or mixed episodes, and/or to treat irritability associated with autistic disorder, here, however, the attending provider did not clearly state for what purpose Risperdal was being employed in any of the progress notes referenced above. Therefore, the request was not medically necessary.