MAXIMUS Federal Services

Case Number:	CM15-0031043		
Date Assigned:	02/24/2015	Date of Injury:	06/22/2005
Decision Date:	04/16/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/19/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male injured worker suffered and industrial injury on 6/22/2005. The diagnoses were depressive disorder. The treatments were medications. The treating provider reported functional benefit and better able to execute functions of daily living with this medication regime. The Utilization Review Determination on 1/24/2015 non-certified Risperdal 3 mg # #60, modified #30, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperdal 3 mg #60: 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) 13th Edition Web; Depression/Mental Stress, Anti-Psychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental/stress chapter on Risperidone (Risperdal).

Decision rationale: The 50-year-old man complains of depression, auditory hallucinations and reduced sleep of less than 4 hours per night, as per progress report dated 09/18/14. The request is for RISPERDAL 3 mg # 60. The RFA for the case is dated 11/03/14, and the patient's date of injury is 06/22/05. Diagnoses, as per progress report dated 09/18/14, included major depressive disorder and psychological factors affecting med. conditions. Medications included Vilbryd, Latuda, Zyprexa, Risperdal, Lunesta and Atarax. The progress reports do not document the patient's work status. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the mental/stress chapter on Risperidone (Risperdal) states, "Not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotic (e.g. Quetiapine, risperidone) for conditions covered in ODG." A prescription for Risperdal is first noted in progress report dated 05/13/14 and has been prescribed for the patient's "psychosis." The treating physician, however, does not document medication efficacy including functional improvement and pain reduction. MTUS Guidelines, page 60 and 61, states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Given the lack of relevant documentation, the request for Risperdal IS NOT medically necessary.