

Case Number:	CM15-0032786		
Date Assigned:	02/26/2015	Date of Injury:	07/27/2011
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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 injured worker is a 52-year-old male who reported an injury on 07/27/2011. The mechanism of injury was not provided. The injured worker was noted to undergo an ocular surgery on 04/04/2014. The injured worker underwent an epidural steroid injection on 12/22/2014. The injured worker underwent an MRI of the cervical spine. The documentation of 01/21/2015 revealed the injured worker had medications including risperidone, hydrocodone/acetaminophen, gabapentin, bupropion, alprazolam, omeprazole, lisinopril, and Furosol. The injured worker's current symptoms included light sensitivity, dryness, itching, mucus, blurred vision (distance), and blurred vision (near). Diagnoses included presbyopia and astigmatism (regular). The prescription plan included continue Patanol and Similasan. There was no Request for Authorization submitted for review. The documentation indicated the injured worker had utilized the requested medications since at least 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperidone (Risperdal) 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14 and 16.

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 Chapter, Risperidone (Risperdal).

Decision rationale: The Official Disability Guidelines indicate that Risperdal is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. There was a lack of documentation of exceptional factors to support the use. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, and the lack of documented rationale, the request for risperidone (Risperdal) 0.5 mg #30 is not medically necessary.