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| Case Number: | CM15-0059965 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 10/12/1999 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/13/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 12, 1999. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve a request for risperidone (Risperdal). A progress note and RFA form of February 19, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 6, 2014, the applicant was not working, it was acknowledged, owing to ongoing complaints of low back pain status post IDET procedure. The applicant was BuTrans, Lyrica, and Colace, it was acknowledged at this point in time. The remainder of the file was surveyed. It appeared that January 6, 2015 progress note represented the sole clinical progress note on file. The February 19, 2015 RFA form and associated progress note seemingly made available to the claims administrator were incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperidone 3 MG Every Hour #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 3 Initial Approaches to Treatment Page(s): 402, 47.

Decision rationale: No, request for risperidone (Risperdal), an antipsychotic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course of antispasmodic is important, this recommendation is, however, qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, the February 19, 2015 progress note on which the article in question was seemingly renewed was not incorporated into the independent medical review packet. The January 6, 2015 progress note contained no references to or mention of the need for ongoing usage of Risperdal. It was not stated or established whether Risperdal was being employed for psychosis, for depression, for mania, or some other purpose and, whether ongoing usage of Risperdal was or was not proving effectual for whatever role it was being employed for. Therefore, the request was not medically necessary.