

Case Number:	CM15-0088767		
Date Assigned:	05/13/2015	Date of Injury:	04/29/2009
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 50 year old male, who sustained an industrial injury on April 29, 2009. The mechanism of injury was a fall. The injured worker has been treated for multiple traumas, including a traumatic brain injury. The diagnoses have included traumatic brain injury, major multiple trauma, mood disorder, post-concussive syndrome, chronic daily post-traumatic headaches, right knee medial meniscus tear, left radial head fracture with anterior interosseous nerve injury and post-traumatic vision syndrome. Treatment to date has included medications, radiological studies, individual psychotherapy, psychiatric care, home exercise program, left clavicle surgery, pseudoarthrosis requiring repeat surgery, left ankle surgery, right knee surgery, left forearm anterior compression and a craniotomy. Documentation dated February 19, 2015 notes that the injured worker had ongoing multiple complaints. He was noted to have ongoing cognitive dysfunction, ongoing safety issues and ongoing psychological and psychiatric issues. The injured worker also reported chronic shoulder pain. The left shoulder was more symptomatic and the right shoulder had more limitations. Most current documentation dated March 9, 2015 notes that the injured worker had mood liability, irritability, problems managing anger and recurrent migraine headaches. The treating physician's plan of care included a request for the medications Rizatriptan 10 mg # 30 and Abilify 2 mg # 30 for two months for use to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rizatriptan tab 10 mg (every 2-4 hrs as needed) Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head chapter - Maxalt.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov-MAXALT Rizatriptan.

Decision rationale: Per FDA.gov: MAXALT (Rizatriptan) is indicated for the acute treatment of migraine attacks with or without aura in adults. MAXALT is not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic or basilar migraine (see Safety and effectiveness of MAXALT have not been established for cluster headache, which is present in an older, predominantly male population. The request for Rizatriptan tab 10 mg (every 2-4 hrs as needed) Qty 90 is excessive and not medically necessary. It is to be noted that the UR physician authorized #30 for acute attacks.

Abilify 2 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress chapter.

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 Atypical Antipsychotics, Abilify.

Decision rationale: ODG states "Abilify is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." The injured worker has been diagnosed with traumatic brain injury, major multiple trauma, mood disorder, post-concussive syndrome, chronic daily post-traumatic headaches, right knee medial meniscus tear, left radial head fracture with anterior interosseous nerve injury and post-traumatic vision syndrome. The request for Abilify 2 mg Qty 30 is excessive and not medically necessary as there is no FDA approved indication for its use in this case and there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG.