

<b>Case Number:</b>	CM14-0130164		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	10/06/2004
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56-year-old male who reported an injury on 10/06/2004 due to an unknown mechanism. Diagnoses were lumbar disc displacement without myelopathy; pain in joint, lower leg; pain, psychogenic; and unspecified major depression, recurrent episode. Past treatments were physical therapy and an epidural steroid injection. Diagnostic studies were an MRI of the left knee, an MRI of the lumbar spine, and an EMG/NCV. Surgical history was not reported. The physical examination on 08/08/2014 revealed the patient reported he was involved in a motor vehicle accident where he was rear ended on 07/30/2014. The injured worker stated he did not go to the emergency room but did go see his PCP the next day. He complained of neck pain that radiated down his right upper extremity with numbness and tingling in the right shoulder. He also stated that his low back did have a little flare about 4 days after the accident; however, the pain level was at baseline. The physical examination revealed the injured worker complained of numbness but denied balance problems. There were complaints of anxiety and depression. The injured worker's mood and affect were appropriate. There was no evidence of sedation. Mental status of the injured worker was alert and oriented x3 and there were no signs of sedation. Medications were Topamax, Dexilant, aspirin, Cialis, Tekamlo, Pristiq, and Zyprexa. The treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Olanzapine 2.5mg #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and Stress, Olanzapine.

**Decision rationale:** The request for olanzapine 2.5 mg #15 is non-certified. The Official Disability Guidelines for olanzapine state it is not recommended as a first line treatment. Zyprexa (olanzapine) is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There was insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for this medication. Therefore, the request is non-certified.