

Case Number:	CM14-0175107		
Date Assigned:	10/28/2014	Date of Injury:	02/25/2010
Decision Date:	12/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/22/2014

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 Psychiatry 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:

Injured worker is a 55 year old male with date of injury 02/25/2010. Date of the UR decision was 10/03/2014. He sustained multiple physical injuries when he was hit on the head by the passenger-side mirror of a passing truck. He was diagnosed with depressive disorder with anxiety, post-concussive syndrome, and psychological factors affecting medical condition. Per report dated 10/8/2014, the injured worker suffers from effects of Mild, Complicated Traumatic Brain Injury and Cognitive Disorder, NOS with chronic permanent neurocognitive residuals. Per report dated 9/18/2014 injured worker presented with subjective complaints of weight changes, decreased energy, agitation, difficulty thinking, pessimism, diminished self-esteem, panic attacks, and pressure. It was suggested that he had some improvement in form of less time in bed, less isolated, more motivation, decreased irritability and nervousness. He was being prescribed Risperidal 0.5 mg at bedtime for sleep, Prozac 20 mg twice daily for depression, Temazepam 15-30 at bedtime for sleep and Venlafaxine SR every morning for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor (Venlafaxine) 75mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (Venlafaxine)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects". Per report dated 9/18/2014, injured worker is being prescribed Prozac 20 mg twice daily for depression and Venlafaxine SR every morning for depression. The need for two antidepressants is not clinically indicated. The request for Effexor (venlafaxine) 75mg #30 with 2 refills is not medically necessary.

Risperdal 0.5mg #30 with 2 refills: 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), Treatment for Workers Compensation, online edition, Mental Illness and Stress - Risperidone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Risperidone.

Decision rationale: ODG guidelines state that Risperidone is not recommended as a first-line treatment. Risperidone is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. (Khanna, 2014) Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. (FDA, 2014). Per report dated 9/18/2014, injured worker is being prescribed Risperdal 0.5 mg at bedtime for sleep which is an off label use for this medication. The request for Risperdal 0.5mg #30 with 2 refills is not medically necessary.