

<b>Case Number:</b>	CM14-0211341		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/08/2009
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: 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:

This is a 43-year-old male with a 1/8/09 date of injury. According to a psychiatric follow-up report dated 12/20/14, the patient stated that "there has really been no change". The patient previously noted a minor rash, which was attributed to the Cymbalta. The provider agreed to discontinue it and continue escitalopram. The provider stated that there was no clear evidence of a benefit from the bupropion and so the patient was tapered off of it. Lorazepam was added for insomnia. The provider added olanzapine to his medication regimen on 11/22/14 because of his difficulty sleeping as well as hallucinations. His current symptoms included depressed mood, low energy, loss of motivation, anhedonia, sleep disruption, trouble concentrating, trouble making decisions, loss of appetite, and suicidal thoughts. He recently felt desperate and wanted to get a knife. Objective findings: current Inventory of Depressive Symptoms (IDS) score is 78, suicidal ideation, the patient continued to hear voices that suggested he might as well be dead, very concrete associations, intact recent and remote memory, very restricted affect. Diagnostic impression: major depressive disorder, posttraumatic stress disorder, personality change/psychotic disorder due to another medical condition with hallucinations. Treatment to date: medication management, activity modification, cognitive behavioral therapy. A UR decision dated 12/3/14 denied the request for Olanzapine. Within the medical information available for review, there is documentation of a failure of first-line therapy. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Olanzapine is indicated (schizophrenia and bipolar disorder).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Olanzapine 5 mg, thirty count, provided on November 24, 2014:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Olanzapine (Zyprexa); FDA (Zyprexa)

**Decision rationale:** CA MTUS does not specifically address this issue. ODG does not recommend Zyprexa (olanzapine) as a first-line treatment. Zyprexa (olanzapine) is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. According to the FDA, Zyprexa (olanzapine) is an antipsychotic medication that is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder (manic depression). In the present case, it is noted that this patient has failed treatment with Cymbalta and bupropion. In addition, he had hallucinations where the patient continued to hear voices that suggested he might as well be dead. Furthermore, it is noted that he has a diagnosis of psychotic disorder with hallucinations. The medical necessity has been established. Therefore, the request for Olanzapine 5 mg, thirty count, provided on November 24, 2014 was medically necessary.