MAXIMUS Federal Services

Case Number:	CM15-0015896		
Date Assigned:	02/03/2015	Date of Injury:	04/24/2000
Decision Date:	03/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 a 59 year old male who sustained an industrial related injury on 4/24/00. He had complaints of low back pain and psychiatric disability. He was taking Xanax, Risperidone, and Remeron. Diagnoses included depressive disorder with anxiety, psychological factors affecting medical condition, and amphetamine abuse. He continued to report anxiety. The treating physician requested authorization for Risperdal 1 a day and Xanax 1 a day, both of which were noncertified. A UR of 12/09/14 references a progress note of 11/13/14 by [redacted] for [redacted]. The patient presented depressed, anxious, and with stress related medical complaints. He was depressed, lacked motivation, had weight change, decreased energy, agitation, diminished self esteem, excessive worry, restlessness, panic attacks, inability to relax, shortness of breath, and distressing memories. He had improved concentration with decreased isolation and feelings of hopelessness. He had increased comprehension of TV, decreased time in bed, decreased depressed facies, and decreased anxiety. It was noted that the IW had been on Risperdal,Xanax, and Remeron since 12/2013. This UR modified the request for Risperdal QHS for sleep for a one month supply to wean towards discontinuation. [redacted] said the purpose of Risperdal was more for emotional control. Xanax was modified to allow for weaning and discontinuation to allow for optimization of his current antidepressant. [redacted] said its purpose was for panic attacks and severe anxiety attacks. He agreed to follow this plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperdal take 1 a day: Body part psych: 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) Mental Illness & Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Risperdal. ODG Mental Illness & Stress Atypical antipsychotics-ODG Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potential

Decision rationale: The patient has been prescribed Risperdal, an atypical antipsychotic, for unclear reasons. He does not suffer from schizophrenia or bipolar disorder, and no psychotic symptoms were reported. [redacted] reported that it was used for sleep, but more for emotional control. Per ODG, antipsychotics should not be first line treatment to treat behavioral problems and should be far down on the list of medications to treat insomnia. In fact there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. In addition, a UR of 12/09/14 modified a request for Risperdal to one month for weaning purposes. This has allowed enough time for this to have occurred. This request is therefore noncertified.

Xanax 1 a day: Body part psych: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BenzodiazepinesNot recommended for long-term use because long-term efficacy is unproven and th.

Decision rationale: The patient has been prescribed Xanax, a benzodiazepine, since at least 12/2013. Guidelines limit use to 4 weeks due to risk of dependence. Tolerance to anxiolytic effects occurs within months and a more appropriate treatment for anxiety disorder is an antidepressant. The patient continues to show anxiety symptoms. A UR of 12/09/14 had modified a request for Xanax to allow for weaning and discontinuation, and antidepressant

optimization. This has allowed sufficient time for this to have occurred. This request is therefore noncertified.