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| Case Number: | CM15-0017306 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 04/23/2001 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on April 23, 2001. He has reported being depleted because of pain, defensiveness, emotionally withdrawn, sleep problems, depressed, anxious, insecure, fearful, panicky, agoraphobic tendencies, damaged self esteem, frustration, alienated, mistrustful, and temper loss and has been diagnosed with depressive disorder not otherwise specified with anxiety, panic attacks, and agoraphobic. Treatment has included medications and psychotherapy. The treatment plan included medication management. On December 22, 2014 Utilization Review non certified Risperidone 0.5 mg citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperidone 0.5mg: 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 mental/stress chapter, atypical antipsychotics

Decision rationale: This patient presents for medication management for persistent symptoms of depression, anxiety and stress related medical complaints. Regarding atypical antipsychotics, ODG mental illness chapter states there is insufficient evidence to recommend (olanzapine, quetiapine, risperidone, ziprasidone, aripiperazole) for the treatment of PTSD. ODG does not recommend them as a first-line treatment. Adding an atypical anti psychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of anti psychotics 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. (Spielman, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common anti psychotic medications that are potentially unnecessary and sometimes harmful. Anti psychotic drugs should not be first-line treatment to treat behavioral problems. The medical file provided for review includes two progress reports dated 10/31/14 and 11/12/14. Neither of these report provided any discussion regarding the requested medication. This appears to be an initial request. In regards to the request for Risperidone, the treating physician has not substantiated that such a medication is medically necessary for this patient's condition. While this patient presents with depression and anxiety, there is no discussion as to why an atypical antipsychotic medication in conjunction with anti-depressants are necessary. Furthermore, ODG guidelines indicate that such medications offer few benefits and uncertain benefit-to-risk profiles. Therefore, this request IS NOT medically necessary.