

Case Number:	CM15-0118981		
Date Assigned:	06/29/2015	Date of Injury:	11/08/2004
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 55 year old female who sustained an industrial injury on 11/08/04. Initial complaints and diagnoses are not available. Treatments to date include medications and dental procedures. Diagnostic studies are not addressed. Current complaints include pain, acute psychological withdrawal symptoms, and difficulty sleeping. Current diagnoses include post-traumatic stress disorder, and recurrent major depressive disorder. In a progress note dated 05/06/15 the treating provider reports the plan of care as Saphris and Brientellix. The requested treatment includes Saphris.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saphris 5 mg #30: 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 Saphris <http://reference.medscape.com/drug/saphris-asenapine-999301>.

Decision rationale: Saphris is antipsychotic medication used for bipolar disorder and schizophrenia. It is not indicated as a first line treatment for depression. There is no documentation of failure of first line treatment of depression. Therefore, the request for Saphris 5 mg #30 is not medically necessary.