

Case Number:	CM15-0125444		
Date Assigned:	07/10/2015	Date of Injury:	03/23/2009
Decision Date:	08/12/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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, Arizona, Maryland
 Certification(s)/Specialty: 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:

This injured worker is a 55-year-old female who reported an industrial injury on 3/23/2009. Her diagnoses, and or impressions, were noted to include: chronic pain with severe neuropathic pain in the left shoulder, following surgery with post-left upper extremity surgery deep venous thrombosis; major depressive disorder; and unemployed with severe financial stressors. No current electrodiagnostic or imaging studies were noted. Her treatments were noted to include diagnostic studies; Cortisone injection therapy - left shoulder; physical therapy; psychological therapy with medication management; and rest from work, as she was terminated. The history notes suicidal thinking. The progress notes of 1/15/2015 reported complaints, which included continued treatment for severe anxiety and depression, for which she was prescribed Fanapt, for psychiatric morbidity, depression and anxiety. Objective findings were noted to include tenderness to her anterior shoulder that is with limited range-of-motion; positive Hawkins test; and that she was miserable due to increased bilateral arm pain and shoulder pain. The physician's requests for treatments were noted to include the refilling of her psyche medications, which included Fanapt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanapt 6mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Atypical Antipsychotics and Other Medical Treatment Guidelines FDA.gov: FANAPT (iloperidone).

Decision rationale: FANAPT (iloperidone) is an atypical antipsychotic agent indicated for the acute treatment of schizophrenia in adults. ODG states, "There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." The injured worker suffers from chronic pain secondary to industrial trauma and developed psychological injury in form of major depressive disorder. There is no indication for the use of Fanapt in this case as it is FDA approved only for treatment of Schizophrenia. The use of this medication is off label in this case and thus Fanapt 6mg #30 is not medically necessary.