

Case Number:	CM15-0129655		
Date Assigned:	07/16/2015	Date of Injury:	10/12/1999
Decision Date:	08/21/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/06/2015

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:

The injured worker is a 48-year-old male, who sustained an industrial injury on 10/12/99. The injured worker has complaints of persistent symptoms of depression, anxiety and stress-related medical complaints. The documentation noted that the injured worker on examination is soft spoken has depressed facial expressions and visible anxiety. The diagnoses have included major depressive affective disorder, single episode, unspecified. Treatment to date has included psychological treatment; cogentin; buspar; xanax; venlafaxine; risperidone and zolpidem. The request was for xanax 0.5mg #60 with 2 refills and risperidone 3mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Xanax 0.5 mg twice daily with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Xanax 0.5mg #60 with 2 refills i.e. a three month supply is excessive and not medically necessary as guidelines state that the use of benzodiazepines should be limited to 4 weeks.

Risperidone 3mg #30 with 2 refills: 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 (Updated 03/25/15) - Online Version, Atypical anti-psychotics.

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 A typical Antipsychotics, Risperidone.

Decision rationale: ODG states "Risperidone is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical anti-psychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Anti-psychotic 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 anti-psychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical anti-psychotics 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 has been diagnosed with major depressive effective disorder, single episode. The request for Risperidone 3mg #30 with 2 refills is excessive and not medically necessary as there is insufficient evidence to recommend atypical anti-psychotics (eg, quetiapine, risperidone) for conditions covered in ODG.