

<b>Case Number:</b>	CM15-0062074		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	09/14/2007
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 is a 67-year-old male, who sustained an industrial injury on September 14, 2007, incurring neck, right leg, left arm and low back injuries from repetitive work. He was diagnosed with bilateral knee tendinopathy, multilevel cervical and lumbar discopathy. Treatment included pain management. Currently, the injured worker complained of persistent symptoms of depression, anxiety and stress related medical complaints. The treatment plan that was requested for authorization included a prescription for Risperdal with two refills and a certified Spanish interpreter.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Risperdal .5 MG #30 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation mental and stress chapter, Risperidone (Risperdal).

**Decision rationale:** This patient presents with neck, right leg, left arm and low back pain. The patient also suffers from depression, anxiety and stress related medical complaints. The current request is for Risperdal .5mg #30 with 2 refills. The Request for Authorization is not provided in the medical file. The MTUS and ACOEM Guidelines do not address this request. The ODG Guidelines under the Mental & Stress chapter on Risperidone (Risperdal) states, "Not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotic (e.g. Quetiapine, Risperidone) for conditions covered in ODG." The medical file provided for review includes progress reports 08/11/14, 10/21/14 and 02/11/15 and provide no discussion regarding this request. It is unclear is this is a request for refill or an initial request for medication. The Utilization review denied the request stating that "there is no indication how long the patients has been using this particular medication and what if any objective functional benefit has derived from previous use." In this case, this medication is not intended as a first line treatment and there is no discussion that this patient has failed other first line medications. The requested Risperdal is not medically necessary.

**Certified Spanish Interpreter:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Division of Workers' Compensation Chapter 4.5- Subchapter 1 Administrative Director-Administrative Rules.

**Decision rationale:** This patient presents with neck, right leg, left arm and low back pain. The patient also suffers from depression, anxiety and stress related medical complaints. The current request is a certified Spanish interpreter. The ACOEM, MTUS and ODG guidelines do not address these types of services. Division of Workers' Compensation Chapter 4.5- Subchapter 1 Administrative Director-Administrative Rules has the following under Article 5.7 Fees for Interpreter Services, "(a) Fees for services performed by a certified or provisionally certified interpreter, upon request of an employee who does not proficiently speak or understand the English language, shall be paid by the claims administrator for any of the following events: (1) An examination by a physician to which an injured employee submits at the requests of the claims administrator, the administrative director, or the appeals board; (2) A medical treatment appointment." In this case, the division of Worker's Comp allows interpreter services for an employee when seeing their physician for examination. The request is medically necessary.