

Case Number:	CM15-0067910		
Date Assigned:	04/15/2015	Date of Injury:	04/23/2009
Decision Date:	05/19/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/09/2015

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 64 year old male who sustained an industrial injury on 04/23/2009. Diagnoses include status post right shoulder surgery, carpal tunnel syndrome, sprains and strain of the neck, sprain and strain of the lumbar region, thoracic or lumbosacral neuritis or radiculitis, depression, and shoulder region disorders. Treatment to date has included diagnostic studies, medications, physical therapy, and acupuncture. A physician progress note dated 12/16/2014 documents the injured worker complains of chronic neck and lower back pain as well as right-sided shoulder pain. He also has pain in his jaw as well as skin issues and ocular issues. He has difficulty with his daily activities along with difficulty with prolonged sitting, standing and walking. He follows up with psychiatric care. Treatment requested is for Risperdal 0.5mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperdal 0.5mg #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, Mental Illness and Stress Chapter, Risperidone (Risperdal).

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, Risperidal.

Decision rationale: ODG states "Risperidal is not recommended as a first-line treatment. 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 has been diagnosed with Depressive disorder not otherwise specified, Post Concussive Syndrome and Psychological factors affecting medical condition. The use of Risperidal in this case seems to be off label. The guidelines indicate that there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Thus, the request for Risperdal 0.5mg #30 with 2 refills is excessive and not medically necessary.