

Case Number:	CM15-0077391		
Date Assigned:	04/24/2015	Date of Injury:	03/21/1991
Decision Date:	06/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old male who sustained an industrial injury on 3/21/1991. His diagnoses, and/or impressions, included: thoracic or lumbosacral neuritis or radiculitis; lumbosacral spondylosis without myelopathy; displacement of lumbar intervertebral disc without myelopathy; intervertebral lumbar disc disorder with myelopathy; headaches and sleep disturbance; post-traumatic stress disorder; and leg cramping. No current magnetic resonance imaging studies are noted. His most recent treatments include long-term medication management, changed as needed and reportedly effective, and urine toxicology screenings. Progress notes of 2/3/2005 reported steady low back pain fairly well controlled with medications, which also help him sleep. The physician's requests for treatments were noted to include Risperdal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperdal 1 mg Qty 90, with 0 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MicroMedex 2.0 Risperdal.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Chapter 12 on Low Back Complaints indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of Risperdal. Therefore, at this time, the requirements for treatment have not been met, and the request is not medically necessary.