

<b>Case Number:</b>	CM15-0097658		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 was a 57 year old male, who sustained an industrial injury, March 23, 2012. The injured worker previously received the following treatments Saphris, Viibryde, Percocet, Voltaren Gel, Oxycontin and Colace. The injured worker was diagnosed with major depressive disorder, chronic pain syndrome, thoracic degenerative disc disease, lumbar radiculitis, lumbar degenerative disc disease and myalgia. According to psychiatric progress note of May 25, 2015, the injured worker's chief complaint was pain in the lumbar spine. The injured worker was having concerns about upcoming back surgery. The injured worker was worrying excessively. The injured worker was thinking of the surgery all the time. The injured worker was having trouble sleeping due to poor pain control. The injured worker report not enjoying anything and a feeling of hopelessness. The injured worker was having trouble concentrating and lost temper easily. The treating psychiatrist added Trazodone for sleep at this visit and increased the Viibryde and the injured worker was to continue Saphris at the current dose. The treatment plan included prescription for renewal Saphris.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Saphris 10 mg Qty 30: 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 & Stress-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/Atypical Anti-psychotics and Other Medical Treatment Guidelines FDA.gov: Asenapine (SAPHRIS).

**Decision rationale:** Asenapine (SAPHRIS) is a second generation antipsychotic approved for the treatment of schizophrenia and manic episodes in bipolar I disorder. ODG states "Atypical Antipsychotics are not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (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 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 was diagnosed with major depressive disorder, chronic pain syndrome, thoracic degenerative disc disease, lumbar radiculitis, lumbar degenerative disc disease and myalgia. The injured worker does not meet the FDA indication for Saphris and thus the request is not medically necessary.