

Case Number:	CM15-0099044		
Date Assigned:	06/01/2015	Date of Injury:	03/04/2008
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/22/2015

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 41 year old female who sustained an industrial injury on 03/04/08. Initial complaints and diagnoses are not addressed. Treatments to date include medications, psychological counseling, and cognitive behavioral therapy. Diagnostic studies are not addressed. Current complaints include more pain. Current diagnoses include lumbar radiculopathy, bilateral sacroilitis, degenerative disc disease of the lumbar spine, lumbar facetal pain, and major depressive disorder. In a progress note dated 03/03/15 the treating provider reports the plan of care as medications including Viibryd, Fanapt, Klonopin, Restoril, and Deplin. The requested treatments include Fanapt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanapt 2mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdr.net/drug-summary/fanaptdruglabelid=429.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) U.S. Food and Drug Administration Fanapt tablets(iloperidone).

Decision rationale: The U.S. Food and Drug Administration has approved Fanapt tablets(iloperidone) to treat adults with schizophrenia, a chronic, severe and disabling brain disorder. The injured worker suffers from psychological injury and is being prescribed psychotropic medications including Viibryd, Fanapt, Klonopin, Restoril, and Deplin. The use of Fanapt in this case appears to be off label to manage injured worker's symptoms of agitation and irritability. Thus the request for Fanapt 2mg #60 with 1 refill is not medically necessary. It is to be noted that the UR physician authorized one month supply of the medication.