

Case Number:	CM13-0013762		
Date Assigned:	10/11/2013	Date of Injury:	01/04/2008
Decision Date:	01/13/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████, a 52-year-old manager at a ██████ that has undergone psychological follow-up examination on 9/19/13. On 1/16/08 ██████████ submitted an Application for Adjudication of Claim for Workers' Compensation benefits citing a date of injury of 1/7/08 involving the right leg, lower back, anxiety, internal system and head due to a fall down stairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Risperdol 0.5 mg #60: 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) Mental Illness and Stress..

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 and stress chapter..

Decision rationale: The CA MTUS Chronic Pain Medical Treatment guidelines are silent on Risperdal. There is reference in the medical records below that the patient had suspiciousness, irritability and anger issues in addition to depression. The records provided included the following information: "According to medical report dated 5/29/2013 by ██████████

the patient reported a reduction in depressive symptoms including emptiness and a lack of motivation with guardedness, defensiveness, suspiciousness and short-temperedness. The patient reported depression had been improved such that the patient felt more interested in holding onto life. It helped the patient create a positive outlook in life. In addition, the patient's sleep disturbance had improved with better sleep due to a reduction in depression. There had been fewer nightmares. However, the patient still needed help in this area. Despite this psychological improvement, the patient remained symptomatic with residuals requiring further, treatment in the areas of depression, anxiety, panic, irritability, damaged self-esteem, anger, diminished energy and social withdrawal and in areas of stress- intensified headache, neck/shoulder/back tension/pain, shortness of breath and chest pain." In this case, risperdal seems to have been useful to address the suspiciousness, irritability and anger. Further, Risperdal in the low dose in this case can help the antidepressant Cymbalta work better for depression. As such, Risperdal is medically necessary.

Prescription Xanax 0.5 mg #90 and 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines 7-18-2009 on page 24/127, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) This patient has been on Xanax for over 4 weeks and per guidelines is not medically necessary.

Prescription ProSom 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, insomnia treatment section..

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines are silent on ProSom, hypnotics and the treatment of insomnia. The ODG in the pain chapter, section on insomnia do not recommend hypnotics such as ProSom for use longer than six weeks and as such ProSom is not medically necessary.

