

Case Number:	CM13-0034400		
Date Assigned:	12/06/2013	Date of Injury:	11/26/2008
Decision Date:	06/24/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 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/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:

This patient is a 63-year-old female with 11/26/2008 date of injury. Per treating physician's handwritten report 09/14/2013, patient has tingling, irritable (something) in the legs. Otherwise, the patient is compliant with her medications. Consider to discontinue Risperdal which was probably causing muscle side effect. Under listed diagnosis, it states, "Same diagnosis". Under treatment discussion, continue Wellbutrin, Remeron, Ativan, and discontinue Risperdal due to tingling and muscle pain. Pharmacological management and follow up in 6 weeks. Report on 09/05/2013 by [REDACTED]. It is an orthopedic evaluation. The patient presents with significant left shoulder pain, unable to sleep at night, still complaining of inability to perform simple daily tasks due to decrease function and decrease strength. The patient has already failed 3 weeks of continued therapy. The listed diagnoses are carpal tunnel syndrome bilateral, impingement syndrome left shoulder, subacromial bursitis, and AC osteoarthritis. The patient was prescribed tramadol 50 mg, ibuprofen, and the request was for left shoulder subacromial decompression given that patient has already failed physical therapy, cortisone injections, anti-inflammatories, home range of motion, and strengthening exercises. MRI showed positive impingement with tear of the rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

RISPERIDONE 1MG #30: Overturned

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) ODG GUIDELINES ON RISPERIDONE, ATYPICAL ANTIPSYCHOTIC MEDICATIONS

Decision rationale: This patient presents with chronic shoulder pain and anticipating shoulder surgery due to rotator cuff tear and failure of conservative care. There is a request for Risperidone #30, but the request for authorization page is missing. It is not precisely known when this request was made. Based on review of [REDACTED] psychology report on 09/14/2013, patient is being discontinued Risperidone due to muscle pain side effects. It appears that the patient was tried on Risperidone and discontinued as of 09/14/2013. Therefore, trial dose of #30 should be authorized. ODG Guidelines do not recommend the use of Risperidone as a first line treatment as there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG Guidelines. In this patient, the patient was on multiple other medication including Wellbutrin, Risperidone, and Remeron. Use and trial of Risperidone may have been appropriate given multi- drug regimen and with medication managed by psychiatry. Request for Risperidone 1mg, #30 is medically necessary.

ATIVAN 1MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES MTUS Page(s): 24.

Decision rationale: This patient presents with chronic pain in the shoulder. Patient is being prescribed Ativan 1 mg #90. MTUS Guidelines do not support long term use of benzodiazepine, and in this case, this patient has been prescribed Ativan at least dating back to 03/02/2013 up until 09/14/2013 for a long term use. Given the lack of support from MTUS Guidelines for long term use of this medication, recommendation is for denial. The request for Ativan 1mg # 90 is not medically necessary.

PHARMACOLOGICAL MANAGEMENT: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), page 127 The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or

course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s)

Decision rationale: This patient presents with chronic pain of the shoulder. The patient has a multi-medication management situation including tramadol, Wellbutrin, Risperidone, Remeron, and lorazepam. There is a request in a psychologist note dated 09/14/2014 for pharmacologic management follow-up. Since psychologists do not prescribed these medications, a request for pharmacologic management by a medical physician such as psychiatry would be reasonable. ACOEM Guidelines page 127 supports specialty consultations when the treating physician is dealing with a complex issue. In this case, given patient's psychological disorder and chronic pain, pharmacological management of multi-medication regimen is quite reasonable. Recommendation is for authorization. The request for Pharmacological Management is medically necessary.