MAXIMUS Federal Services

Case Number:	CM13-0035584		
Date Assigned:	12/13/2013	Date of Injury:	10/28/1998
Decision Date:	02/07/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana and Texas. 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:

The patient is a 58-year-old female who sustained a work related injury on 06/02/2009. The patient's diagnoses included carpal tunnel syndrome, rotator cuff sprain, and brachial neuritis or radiculitis. Subjectively, the patient was noted to complain of right shoulder pain, left wrist pain, and cervical spine pain. Physical examination was within normal limits and revealed no deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperdal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Risperdal, Atypical antipsychotics.

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

Decision rationale: Official Disability Guidelines do not recommend, "Risperidone (Risperdal) as a first-line treatment, and there is insufficient evidence to recommend atypical antipsychotics for conditions covered in the guidelines." The clinical information submitted for review lacks documentation that other first line treatments have been attempted prior to the prescription for Risperdal. Given the lack of documentation submitted for review to indicate that the patient has

attempted and failed first line therapy and the lack of recommendation by Official Disability Guidelines, the request is not supported. As such, the request for Risperdal is non-certified.

Temazepam: Upheld

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

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, Benzodiazepines.

Decision rationale: Official Disability Guidelines do not recommend benzodiazepines, "As first-line medications." The clinical information submitted for review lacks documentation that other first line treatments have been attempted prior to the prescription for Temazepam. Given the lack of documentation submitted for review with evidence to support the use of the requested medication and the lack of recommendation of benzodiazepines by Official Disability Guidelines, the request is not supported. As such, the request for Temazepam is non-certified.