MAXIMUS Federal Services

Case Number:	CM13-0044043		
Date Assigned:	03/26/2014	Date of Injury:	06/28/1994
Decision Date:	06/30/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

The patient is a 73 year old man who sustained a work related injury on June 28 1994. Subsequently, he developed a chronic back pain. According to a note dated on June 6 2013, the patient was complaining of low back pain. His physical examination demonstrated lumbar tenderness. The provider requested authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ROZEREM 15MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation No Guidelines Were Cited By The Claims Administrator.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: < LAUSTSEN, G. AND M. ANDERSEN (2006). "RAMELTEON (ROZEREM) A NOVEL APPROACH FOR INSOMNIA TREATMENT." NURSE PRACT 31(4): 52-55.

Decision rationale: The Rozerem is a melatonin receptor agonist that could be used in sleep disturbance. There is no documentation that the patient developed sleep disturbance.Therefore, the request for Rozerem 15MG, #60 is not medically necessary.

PRESCRIPTION OF RISPERDAL 20MG, #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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) < ATYPICAL ANTIPSYCHOTICS. HTTP://WWW.WORKLOSSDATAINSTITUTE.VERIOIPONLY.COM/ODGTWC/STRESS.HTM))>

Decision rationale: According to ODG guidelines, atypical antipsychotics such as (Risperdal) is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Cinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. Antipsychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using quetiapine (Seroquel), for instance, as a first line for sleep, and there is no good evidence to support this. Antipsychotic drugs should not be first-line treatment for dementia, because there is no evidence that antipsychotics treat dementia. (APA, 2013) Antipsychotic 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. (Jin, 2013). There is not enough documentation and evidence to support the use of an atypical antipsychotic for the treatment of patient's condition. The provider should give more rational for the use of Risperdal for the treatment of the patient depression. A comprehensive psychiatric evaluation may be needed to evaluate the patient condition and his medication needs. Therefore, the request for Risperdal treatment is not medically necessary until more information is provided.

1 GYM PROGRAM (DURATION NOT SPECIFIED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments: Exercise Page(s): 46.

Decision rationale: According to MTUS guidelines, an exercise program is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. According to ODG guidelines, Gym memberships is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines. The request does not address who will be monitoring the patient attendance and functional improvement. In addition, there is no clear documentation of the instauration of supervised home exercise program in parallel to the request of a Gym program. There is no documentation that the patient failed home exercise. Therefore, the request for gym program (duration not specified) is not medically necessary.