MAXIMUS Federal Services

Case Number:	CM14-0002224		
Date Assigned:	06/20/2014	Date of Injury:	11/12/1992
Decision Date:	08/29/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for paranoid schizophrenia reportedly associated with an industrial injury of November 12, 1992.Thus far, the applicant has been treated with the following: Psychotropic medications; antipsychotic medications; and anxiolytic medications.In a Utilization Review Report dated December 6, 2013, the claims administrator denied request for Valium, Ativan, Fanapt, and Zyprexa.The applicant subsequently appealed, in a letter dated December 26, 2013. The applicant noted he had been disabled and unemployed for over 20 years. The applicant stated that he had begun hearing voices and developing hallucinations. The applicant stated that he remained mentally fragile. The applicant stated that he felt that a combination of Zyprexa and Fanapt were beginning to calm and diminish his hallucinations and hearing of voices. The applicant then stated that he had developed issues with tension and symptoms of panic attacks for which he was employing Ativan and Valium from time to time. The applicant also stated that he was using Valium and Ativan to help him fall asleep. The applicant also stated that he was using Valium and Ativan to deal with twitching and restless leg syndrome. The applicant also stated that he was under a number of financial and personal constraints associated with unemployment and poor credit.In a December 10, 2013 letter, the applicant's treating provider stated that the applicant had chronic paranoid schizophrenia and cocaine dependence, the latter of which is currently in depression. The attending provider stated that the applicant had been fairly stable on Zyprexa, which was diminishing his auditory hallucinations to some degree. It was stated that the applicant had failed numerous other antipsychotic medications, including Risperdal, Haldol, Geodon, Seroquel, and Abilify. The attending provider stated that the combination of Fanapt and Zyprexa was ameliorating the applicant's issues with auditory

hallucinations. The attending provider stated that the applicant was using both Ativan and Valium for anxiety and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium10 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant the opportunity to achieve a brief alleviation of symptoms so as to recoup emotional or physical resources, in this case, however, the attending provider and/or applicant are employing Valium for chronic, long-term, and/or daily use purposes for a host of issues, including anxiety, insomnia, restless leg syndrome, etc. This is not an appropriate usage of Valium, per ACOEM, particularly in light of the fact that the applicant is using a second benzodiazepine anxiolytic, Ativan. Therefore, the request for Valium10 mg # 120 is not medically necessary.

Ativan 1 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines page 7. Page(s): 7.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytic medications such as Ativan are generally appropriate for short periods, in cases of overwhelming symptoms so as to afford an applicant with the opportunity to recoup emotional and/or physical resources. In this case, however, the attending provider and/or applicant are employing Ativan for chronic, long-term, and/or scheduled use purposes, for a host of issues, including restless leg syndrome, anxiety, insomnia, muscle spasms, etc. This is not an appropriate usage of Ativan, per ACOEM, which suggests that benzodiazepine anxiolytics be limited to brief periods, in cases of overwhelming symptoms. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider take into consideration "other medications" into his medication regimen. In this case, however, the attending provider has not articulated a compelling case for usage of two separate benzodiazepine anxiolytics on a chronic, long-term, and/or scheduled use basis, namely Ativan and Valium. Therefore, the request for Ativan 1 mg #120 is not medically necessary.

Fanapt 2mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 402, continuing with an established course of antipsychotic is important. In this case, the attending provider and applicant have posited that ongoing usage of Fanapt has diminished the applicant's auditory hallucinations and paranoia. Continuing the same, on balance, is indicated. Therefore, the request for Fanapt 2mg #120 is medically necessary.

Zyprexa 5mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 402, continuing with an established course of antipsychotic is important. In this case, furthermore, both the attending provider and applicant have posited that ongoing usage of Zyprexa and Fanapt have, to some extent, ameliorated the applicant's auditory hallucinations and paranoia. Continuing the same, on balance, is indicated. Therefore, the request for Zyprexa 5mg #180 is medically necessary.