

Case Number:	CM14-0178877		
Date Assigned:	11/03/2014	Date of Injury:	03/03/2009
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 is a 53 year old female who was injured in March of 2009. The patient has a history of lumbar strain and there are extensive notes from urology related to a history of bladder prolapse and apparently she recently underwent pelvic floor surgery. The information pertaining to her psychiatric status is quite sparse, consisting only of a single note from 9/17 of this year which indicates numerous symptoms but does not contain any narrative. Requested medications include Citalopram 40 mg, Risperdal 0.5 mg, Temazepam 15 mg and Atarax 25 mg. The previous reviewer denied coverage for the Risperdal and Temazepam due to lack of medical necessity. This is an independent review of the previous determination to deny coverage for Risperdal 0.5 mg #30 R times 2 and Temazepam 15 mg #60 R times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 capsules of Temazepam 15mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Online Edition: Pain Chapter, Insomnia Treatment

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

Decision rationale: The above does not recommend benzodiazepines for long term use and indicates that "most guidelines limit use to 4 weeks". The amount requested clearly exceeds this amount. While it is not clear how long she has been on this medication, the amount requested clearly exceeds that recommended by the evidence based State of California MTUS and thus should not be considered as medically necessary.

30 tablets of Risperdal 0.5mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Online Edition: Mental Illness & Stress Chapter, Risperidone (Risperdal)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG indicates that Risperdal is "not recommended as a first-line treatment (due to) insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG"

Decision rationale: The writer could find no rationale in the records for the use of Risperdal. Specifically there is no indication of psychotic symptoms. It is not clear if the patient has been on this medication in the past. ODG indicates that Risperdal is "not recommended as a first-line treatment (due to) insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG". As such the medication should not be considered as medically necessary either according to the patient's specific condition or the evidence based Official Disability Guidelines".