

Case Number:	CM14-0037743		
Date Assigned:	06/25/2014	Date of Injury:	12/08/2006
Decision Date:	07/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 53-year-old female who was reportedly injured on 12/8/2006. The mechanism of injury was noted as an industrial injury. The most recent progress note, dated 2/17/2014, indicated that there were ongoing complaints of right shoulder pain/elbow pains. The physical examination demonstrated right elbow: Range of motion was restricted with flexion/extension/pronation/supination limited due to pain. There was positive tenderness to palpation at lateral epicondyle. No reason diagnostic studies were available for review today. Previous treatment included physical therapy, steroid injection, and medications to include Klonopin, Lidoderm, Tylenol #3, Voltaren gel, stool softener, Omeprazole, Risperidone and Zoloft, A request had been made for Zoloft 150 mg daily #30, Klonopin 0.5 mg at bedtime as needed #30, Risperdal 2 mg at bedtime and was not certified in the pre-authorization process on 2/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 150mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin re uptake inhibitors Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 107 OF 127.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs) such as Zoloft are not recommended as a treatment for chronic pain but may have a role in treating secondary depression. SSRIs are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. After review of the medical records, the injured worker is suffering from chronic pain and does have a mental health diagnosis of "depression" and there was a noted diagnosis of major depressive disorder, first episode. According to the MTUS guidelines, SSRIs may have a role in treating secondary depression. Recommendations are the use of tri-cyclic antidepressants as a first-line agent. Therefore, the request for Zoloft 15 mg # 30 is not medically necessary and appropriate.

Klonopin 0.5mg at bedtime as needed #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Baillargeon 2003Ashton 2005.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Benzodiazepines Page(s): 24 OF 127.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines Klonopin is a benzodiazepine that is not recommended for long-term use, because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The range of action is sedative/hypnotic, anxiolytic, anticonvulsant and a muscle relaxant. Chronic benzodiazepines were the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. After review of the medical records, there were no objective clinical findings for the need of this medication to include history of anxiety, findings of muscle spasm on physical exam, etc. Thus, the request for Klonopin 0.5 mg at bedtime as needed # 30 is not medically necessary and appropriate.

Risperdal 2mg at bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Atypical antidepressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Health & Stress, Risperdone.

Decision rationale: Risperidone is medication classified as an atypical antipsychotic used to treat schizophrenia and certain problems caused by bipolar disorder. According to the Official

Disability Guidelines (ODG), this medication is not recommended as a first-line treatment. In this case, there is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. After review of the medical records, there is no indication or documentation stating the patient does have a mental health disorder such as schizophrenia or bipolar disorder. Therefore, the request for Risperdal 2 mg at bedtime is not medically necessary and appropriate.