

Case Number:	CM14-0053921		
Date Assigned:	07/07/2014	Date of Injury:	09/06/1996
Decision Date:	09/05/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 has filed a claim for chronic wrist pain, forearm pain, morbid obesity, major depressive disorder, chronic pain syndrome, and chronic multifocal pain complaints reportedly associated with an industrial injury of September 6, 1996. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; and earlier wrist/forearm open reduction and internal fixation (ORIF) surgery. In a Utilization Review Report dated April 11, 2014, the claims administrator partially certified request for Klonopin and Risperdal as one-month supplies of each medication, apparently on the grounds that the attending provider had not established ongoing benefit with the psychotropic medications in question. The claims administrator therefore suggested a one-month partial certification followed by attending provider re-evaluation. Non-Official Disability Guidelines (ODG) guidelines were invoked. In a handwritten progress note dated May 21, 2014, difficult to follow, not entirely legible, the applicant was described as reportedly better, very talkative, and planning to settle to his Workers' Compensation claim. The overall commentary was very sparse. In a March 12, 2014 progress note, the applicant was described as not working and was receiving both Workers' Compensation permanent partial disability payments and social Security Disability Insurance payments. The applicant stated that he was agitated about the claims administrator's decisions to perform sub rosa (covert surveillance). The applicant had issues with difficulty cleaning and taking out his garbage, it was stated. The applicant apparently attributed all of his symptoms, both medical and mental, to the industrial injury. It was stated that the applicant had issues with bipolar disorder. The attending provider stated that the applicant required home assistance, home modification, and assistance with cleaning and other activities of daily living. Supportive psychiatric treatment was also suggested. The applicant reportedly had no chance of returning in the workplace, it was

stated, was not capable of any gainful employment, it was posited. On November 14, 2013, the applicant's psychiatrist stated that the applicant had been given a 48% whole-person impairment rating. The applicant apparently stated that he was moderately depressed. In one section of the report, it was suggested that the applicant had a heavy beard and required shaving while another section of the report stated that the applicant was well groomed. The applicant was asked to continue Klonopin and Risperdal. The operating diagnosis was major depressive disorder. While there were complaints of depression, withdrawal, emotional outburst, etc., there was no specific mention of psychosis being present here. On March 6, 2014, the applicant complained to his psychiatrist that he was very angry that the claims administrator had harassed him by performing covert surveillance on him. The applicant stated that he was employing Klonopin to keep his anxiety in check but that it was not necessarily working very well. The applicant felt isolated. The applicant was described as "marginally able to function." The applicant was given diagnosis of major depressive disorder and pain disorder. The applicant was asked to continue Klonopin at a rate of three times daily and Risperdal 2 mg twice daily. It was not stated why Risperdal was being employed. In a later mental health note of April 10, 2014, the applicant was placed off of work, on total temporary disability, from a mental health perspective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1 mg, 3 x a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary Title 8 Industrial Relations Division 1, Chapter 4.5 Division of Workers' Compensation, subchapter 1.

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

Decision rationale: The request for Klonopin, a benzodiazepine anxiolytic, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that brief courses of anxiolytics such as Klonopin may be appropriate in cases of overwhelming symptoms, so as to achieve a brief remission in symptoms so as to allow an applicant to recoup emotional and/or physical resources, in this case, however, the attending provider is seemingly proposing that the applicant continue usage of Klonopin on a thrice daily basis for anxiety. The attending provider has also stated, furthermore, that ongoing usage of Klonopin has not been altogether effective in ameliorating the applicant's continuing complaints of anxiety, depression, mood disturbance, etc. The applicant remains off of work, it is further noted, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Klonopin. Therefore, the request is not medically necessary.

Risperdal 2mg, 2 x a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47, 402.

Decision rationale: The request for Risperdal, an antipsychotic medication, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402, does suggest that continuing with an established course of antipsychotics is important, in this case, however, the applicant does not seemingly carry diagnosis of psychosis or schizophrenia for which ongoing usage of Risperdal would be appropriate. The attending provider has consistently stated that the applicant's primary operating diagnosis is major depressive disorder. No rationale for selection of Risperdal was furnished by the attending provider. It is further noted that ACOEM Chapter 3, page 47 further stipulates that an attending provider should discuss the efficacy of the medication in question for the particular question in his choice of recommendations as well as to manage applicant's medications. In this case, the attending provider has not stated why Risperdal, an antipsychotic, is being employed for nonstandard purposes for depression. It is further noted that the applicant does not appear to have derived any benefit or functional improvement through ongoing usage of Risperdal. Significant psychological complaints persist, including mood disturbance, anxiety, panic attacks, social isolation, etc. The applicant remains off of work, on total temporary disability. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Risperdal. Therefore, the request is not medically necessary.