

Case Number:	CM14-0057770		
Date Assigned:	07/09/2014	Date of Injury:	02/13/2008
Decision Date:	09/05/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family 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:

This is a 43-year-old female who reported an industrial injury on 2/13/2008, over six (6) years ago, attributed to the performance of her customary job tasks. The patient was documented to have been treated with 24 sessions of chiropractic care/CMT; 36 sessions of physical therapy; and 36 sessions of acupuncture. The patient was documented to complain of lumbar spine pain with numbness, tingling sensation and weakness in the bilateral lower extremities. The patient also reported bilateral shoulder pain; bilateral knee pain with positive crepitus. The objective findings on examination included positive compression, anxiety, and nervousness; tenderness to the cervical spine and lumbar spine; motor strength was 5/5 to the bilateral upper and bilateral lower extremities; range of motion the lumbar spine was restricted; tenderness to the bilateral shoulders; decreased range of motion to the bilateral shoulders. A psychological progress report administrated evidence that the patient had reported sleep difficulties; excessive worrying; general improvement of emotional condition; felt irritable and angry; felt nervous and tense; tearful and emotional. The patient was diagnosed with low back pain with this protrusion with radiculopathy in the bilateral lower extremities; cervical spine sprain/strain; right shoulder tendinitis, bursitis; left shoulder sprain/strain rule out turtle derangement; left knee derangement; right knee possible meal meniscal tear; constipation; seasonal anxiety disorder; sleep disturbance; GI upsets. The patient was prescribed CBT (Cognitive Behavioral Therapy) and psychotherapy. The patient was prescribed Celexa 20 mg #30; BuSpar 30 mg Twice per day. #60; trazodone 50 mg #30; Trilafon 110 mg #90. The patient was also prescribed lighted term patches; Norco #60; Vicodin ES twice per day #60; Prilosec 20 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trilafon 4/8mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/3883815>, The Pharmacological Treatment of Delusional Depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter; antidepressants; anti epilepsy drugs; anxiety medications.

Decision rationale: The ACOEM Guidelines, the MTUS; and the ODG are silent on this specific medication and do not recommend the class of antipsychotic medications for the effects of industrial injuries. The provider does not document any functional improvement with the use of this medication. There is no rationale supported with objective evidence to support the continued prescription. Perphenazine is used to treat psychosis, people with schizophrenia, and the manic phases of bipolar disorder). Perphenazine effectively treats the positive symptoms of schizophrenia, such as hallucinations and delusions, but its effectiveness in treating the negative symptoms of schizophrenia, such as flattened affect and poverty of speech, is unclear. In low doses, it is used to treat agitated depression (together with an antidepressant). Fixed combinations of perphenazine and the tricyclic antidepressant amitriptyline in different proportions of weight exist. When treating depression, perphenazine is discontinued as fast as the clinical situation allows. Perphenazine has no intrinsic antidepressive activity. Several studies show that the use of perphenazine with fluoxetine (Prozac) in patients with psychotic depression is most promising, although fluoxetine interferes with the metabolism of perphenazine, causing higher plasma levels of perphenazine and a longer half-life. In this combination the strong antiemetic action of perphenazine attenuates fluoxetine-induced nausea and vomiting (emesis), as well as the initial agitation caused by fluoxetine. Perphenazine has been used in low doses as a 'normal' or 'minor' tranquilizer in patients with a known history of addiction to drugs or alcohol, a practice which is now strongly discouraged. Perphenazine has sedating and anxiolytic properties, making the drug useful for the treatment of agitated psychotic patients and, in high doses (up to 100 mg per day), for patients with life-threatening (febrile) catatonia, a state in which the patients are extremely agitated, but unable to express themselves. In this situation perphenazine may be used together with electroconvulsive therapy and correction of electrolytes and fluids in the body. Therefore, Trilafon 4/8mg #90 is not medically necessary.