

Case Number:	CM14-0067056		
Date Assigned:	07/11/2014	Date of Injury:	08/23/2011
Decision Date:	10/01/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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 patient is a 52 year-old female with date of injury 08/23/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/03/2014, lists subjective complaints as right hand pain. No objective findings were recorded. Patient says she feels isolated and sad. Diagnosis are hand injuries, chronic pain syndrome, anxiety and stress. The medical records supplied for review document that the patient had not been prescribed the following medications before the request for authorization on 04/03/2014. Medications are Clonazepam 1mg, #20 SIG: 1 tab by mouth twice a day and Perphenazine/Amitriptyline 2/10mg, #20 SIG: 1 pill two times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 24.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines

limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are 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. There is no evidence that the patient has been prescribed this medication previously. The physician if the patient only 20 tablets which indicates that the patient was to be taking a short course of clonazepam. I am reversing the previous utilization review decision.

Perphenazine/Amitriptyline 2/10mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/perphenazine-amitriptyline.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS & STRESS, ATYPICAL ANTIPSYCHOTICS

Decision rationale: Perphenazine is a first generation antipsychotic. The Official Disability Guidelines do not recommend antipsychotics as first-line treatment. Amitriptyline is a first generation antidepressant. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. Perphenazine/Amitriptyline 2/10mg is not medically necessary.