

Case Number:	CM14-0071902		
Date Assigned:	07/16/2014	Date of Injury:	04/27/2010
Decision Date:	09/16/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 43-year-old male who has submitted a claim for depressive disorder not otherwise specified with anxiety, and psychological factors affecting medical condition; associated with an industrial injury date of 04/27/2010. Medical records from 2013 to 2014 were reviewed and showed that patient complained of depression; sleep disturbance, lack of motivation, and changes in weight, agitation, excessive worry, tension, difficulty controlling worry, inability to relax, and rumination. Improvement in symptoms and functions were noted including feeling less isolated. Physical examination showed tenderness over the bilateral lumbar spinal muscles and bilateral sacroiliac joints. Straight leg raise test was positive. Stress, Gaenslen's, and FABERE tests were positive on the right sacroiliac joint. Range of motion of the lumbar spine was decreased. Treatment to date has included medications and OrthoStim3. Utilization review, dated 04/28/2014, denied the retrospective request for Risperidone because guidelines do not support the use of atypical antipsychotics for insomnia; and denied the retrospective requests for Alprazolam and Estazolam because guidelines recommend Benzodiazepines for short term treatment of insomnia, and because the addition of another Benzodiazepine to the prescription regimen is not appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Alprazolam 0.5mg, Quantity 60 DOS: 1/29/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Alprazolam not recommended for long term use.

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

Decision rationale: As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, patient has been prescribed alprazolam since at least June 2013. However, guidelines do not support its long-term use. Moreover, the medical records submitted for review did not include a progress report from the date to be evaluated (i.e. 01/29/2014). Lastly, there was no discussion regarding the indication for prescribing alprazolam. Therefore, the request for Retrospective Alprazolam 0.5mg, Quantity 60 DOS: 1/29/2014 is not medically necessary.

Estazolam 2mg, Quantity 30-Retrospective between 1/29/2014-1/29/2014: 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.

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

Decision rationale: As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, patient has been prescribed alprazolam since at least June 2013. However, the medical records submitted for review did not include a progress report from the date to be evaluated (i.e. 01/29/2014), and the indication for Estazolam is unclear. Moreover, there is no discussion regarding the need for two benzodiazepines in this case. Therefore, the request for Retrospective Estazolam 2mg, Quantity 30 DOS: 1/29/2014 is not medically necessary.

Retrospective Risperidone 1mg, Quantity 30 DOS: 1/29/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anxiety Medications.

Decision rationale: As stated on pages 13-14 of the CA MTUS Chronic Pain Medical Treatment Guidelines, anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. In addition, ODG states that "typical antipsychotics Risperidone are used as an adjunct agent." There is no good evidence to support the use of antipsychotics for insomnia. In this case, the patient has been prescribed Risperidone since at least September 2013. However, guidelines do not support the use of Risperidone in the treatment of insomnia. Moreover, the medical records submitted for review did not include a progress report from the date to be evaluated (i.e. 01/29/2014). The indication for Risperidone is unclear. Therefore, the request for Retrospective Risperidone 1mg, Quantity 30 DOS: 1/29/2014 is not medically necessary.