

Case Number:	CM14-0075431		
Date Assigned:	07/16/2014	Date of Injury:	05/25/2005
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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 Internal 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:

Patient is an injured worker with bilateral shoulders, left hip, left knee, and left foot conditions. Date of injury was 05-25-2005. Progress report dated April 25, 2014 documented subjective complaints of chronic pain in bilateral shoulders, left hip, left knee, and left foot. Physical examination findings included decreased range of motion of the right shoulder, tenderness over the lateral aspect of the hip with limited range of motion, tenderness over the medial border of the foot in the area of the first metatarsal region as well as over the second metatarsal and tenderness over the second web space. Medications were Tramadol, Neurontin, and Cymbalta. The patient indicated he is not taking the Latuda because of side effects. The patient has not taken Clonazepam recently. The treating physician advised the patient not to take the Temazepam (Restoril). Psychiatric progress note dated 03-14-2014 documented a prescription for Restoril. Psychiatric agreed medical examination (AME) report dated April 21, 2014 documented diagnoses of dysthymia, anxiety, and passive-aggressive and narcissistic traits. Medications included Lovastatin, Clonazepam, Temazepam, for diabetes metformin ER 750 mg, for hypertension Benazepril 10 mg, for his hypothyroidism Levothyroxine, for depression Cymbalta, Tramadol. Utilization review determination date was 05-01-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg/1 #20 times one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Restoril (Temazepam), Benzodiazepines, and the Work Loss Data Institute Bibliographic Source: Work Loss Data Institute. Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. Guideline.Gov.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that Restoril (Temazepam) is not recommended. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. Adults who use hypnotics, including benzodiazepines such as Temazepam (Restoril), have a greater than 3-fold increased risk for early death. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. Benzodiazepines are not recommended as first-line medications by ODG. Work Loss Data Institute guidelines for Pain (chronic) states that benzodiazepines for long-term use are not recommended. ODG guidelines states that Restoril (Temazepam) is not recommended. Medical records indicate the long-term use of Restoril, which is not recommended by MTUS. Progress report dated April 25, 2014 documented that the treating physician advised the patient not to take Temazepam (Restoril). The medical records and MTUS and ODG guidelines do not support the use of Restoril. Therefore, the request for Restoril 30mg/1 #20 times one refill is not medically necessary.

Klonopin 0.5mg #30 times one Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines, Clonazepam (Klonopin) and the Work Loss Data Institute Bibliographic Source: Work Loss Data Institute. Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. Guideline.Gov.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines state that Clonazepam (Klonopin) is not recommended. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. Benzodiazepines are not recommended as first-line medications by ODG. Work Loss Data Institute guidelines for Pain (chronic) states that benzodiazepines for long-term use are not recommended. ODG guidelines states that Klonopin (Clonazepam) is not recommended. Progress report dated April 25, 2014 documented that the patient had not taken Klonopin (Clonazepam) recently. MTUS and ODG guidelines do not support the use of Klonopin. Therefore, the request for Klonopin 0.5mg #30 times one refill is not medically necessary.

Latuda 20mg #30 times one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (Physicians Desk Reference); <http://www.drugs.com/ppa/lurasidone-hydrochloride.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Atypical antipsychotics and FDA Prescribing Information Latuda (Lurasidone) <http://www.drugs.com/pro/latuda.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Latuda (Lurasidone). Official Disability Guidelines (ODG) state that atypical antipsychotics are not recommended as first-line treatment. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. FDA Prescribing Information documents that Latuda (Lurasidone) is indicated for schizophrenia and depressive episodes associated with bipolar disorder. Medical records do not document the diagnoses of schizophrenia or bipolar disorder. Progress report dated April 25, 2014 documented that the patient is not taking the Latuda because of side effects. ODG guidelines and medical records do not support the use of Latuda, which the patient is not taking because of side effects. Therefore, the request for Latuda 20mg #30 times one refill is not medically necessary.