

<b>Case Number:</b>	CM14-0076039		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 42 year old female was reportedly injured on 7/2/2010. The mechanism of injury is noted as cumulative and repetitive work. The most recent progress note, dated 4/22/2014. Indicates that there are ongoing complaints of left knee pain, difficulty sleeping, and insert to sleep apnea. The physical examination demonstrated face: extensive bruising about the left upper eyelid, sutures are in place, a well healing scar, no indications of infection or drainage, edema about the nasal bridge was noted, cervical spine positive tenderness to palpation paravertebral muscles, positive spasm noted, restricted range of motion upper extremity deep tendon reflexes are normal symmetrical, sensation is reduced and bilateral median nerve distribution, left shoulder range of motion is decreased flexion/abduction Positive impingement sign. Bilateral wrists: joint lines are tender to palpation, positive Tinnel's bilaterally, positive Phalen's bilateral, reduced grip strength, sensation is reduced in the bilateral median nerve distribution, right knee: swelling was noted, well healing arthroscopic portals noted, well healed scar over anterior aspect of the knee consistent with total knee replacement, range of motion is decreased flexion by 40 percent, extension normal. No recent diagnostic studies are available for review. Previous treatment includes previous surgeries, medications, therapy, and conservative treatment. A request was made for Risperidone 0.5 milligrams quantity thirty, Estazolam 2 milligrams quantity thirty, Alprazolam 0.5 milligram quantity sixty, and was not certified in the preauthorization process on 5/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Risperidone 0.5mg #30 DOS 08.24.11 & 09.28.2011:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress.

**Decision rationale:** As outlined in the Official Disability Guidelines (ODG), Risperidone is not recommended as a first line treatment. Additionally, the ODG indicates that antipsychotics are not recommended for conditions covered in the ODG. The clinician provides no clear indication for the utilization of this medication as such is considered not medically necessary.

**Retro Estazolam 2mg #30 DOS 07.11.2012:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s): 24 of 127.

**Decision rationale:** 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 four 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Therefore, this medication is deemed not medically necessary.

**Retro Alprazolam 0.5mg #60 DOS 07.11.2012:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s): 24 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines do not support benzodiazepines (Xanax) for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. As such, this request is not considered medically necessary.