

Case Number:	CM14-0080635		
Date Assigned:	07/18/2014	Date of Injury:	08/17/2006
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/02/2014

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 53-year-old female was reportedly injured on August 17, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 16, 2014, indicated that this was the 1st follow-up evaluation in more than 6 months. It was also noted that there were ongoing complaints of chronic low back pain. The physical examination demonstrated a normotensive individual with no focal neurological deficits. Diagnostic imaging studies objectified were not reviewed. Previous treatment included multiple analgesic medications. A request had been made for multiple medications and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LATUDA 40MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ATYPICAL ANTIPSYCHOTICS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Meyer, Jonathan M; Loebel, Antony D; Schweizer, Edward (2009). "Lurasidone: A

new drug in development for schizophrenia." Expert Opinion on Investigational Drugs 18 (11): 1715-26.

Decision rationale: This is a relatively new medication designed to treat schizophrenia. The progress notes, reviewed, did not indicate that this diagnosis was present in this individual. It was also noted that other neuropathic medications were being employed. Therefore, based on the lack of clinical indication, and noting that this medication is not addressed in either the MTUS, ACOEM or Official Disability Guidelines (ODG) and taking the literature citation noted that there is no clear clinical indication to continue this preparation, and based on the progress notes presented, the request for Latuda 40 mg #30 is not medically necessary and appropriate.

KLONOPIN 0.5MG #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: This medication is a benzodiazepine. With the parameters noted in the MTUS, the use of benzodiazepines are employed. Such medications are not recommended for long-term use, as the efficacy is unproven, and there is a significant risk of dependence. When noting the other comorbidities identified by injured worker and by the lack of any clinical indication in the progress notes that there is an acute muscle spasm to be addressed, there is insufficient medical evidence presented. Therefore, the request for Klonopin 0.5 mg #30 is not medically necessary and appropriate.

AMBIEN 10 MG # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHORT ACTING NON BENZODIAZEPINE HYPNOTIC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated July 2014.

Decision rationale: Ambien is a non-benzodiazepine hypnotic indicated for the short-term treatment of insomnia (usually 2-6 weeks). This is not indicated for indefinite or chronic use. The literature does not support this medication for chronic interventions. Therefore, when noting the limited clinical data presented in the progress notes reviewed and by the parameters outlined in the Official Disability Guidelines (ODG), the request for Ambien 10 mg # 30 is not medically necessary and appropriate.