MAXIMUS Federal Services

Case Number:	CM14-0087855		
Date Assigned:	07/23/2014	Date of Injury:	01/25/2012
Decision Date:	10/03/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/11/2014

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:

The injured worker is a 35-year-old male who reported an injury 01/25/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 12/19/2013, indicated the injured worker reported neck and back pain. The injured worker has work restrictions of no lifting over 25 pounds, no repetitive stooping or bending. The injured worker's treatment plan was not included within the medical records. The injured worker's prior treatment was not included within the medical records. The injured worker's medication regimen was not included within the medical records. The provider submitted a request for Klonopin, Risperdal and Cymbalta. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #60: 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 rationale: The request for Klonopin 1mg #60 is not medically necessary. The California MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. It was not indicated if the injured worker had been utilizing this medication or if this was a trial prescription. In addition, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.

Risperdal 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Mental Illness and Stress Chapter

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, Risperdal.

Decision rationale: The request for Risperdal 1mg #30 is not medically necessary. The Official Disability Guidelines do not recommend Risperdal as a first-line treatment. The guidelines also indicate adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. It was not indicated if the injured worker had been utilizing this medication. In addition, Risperdal is not indicated as a first line treatment. Moreover, it was not indicated if the injured worker had tried a first line treatment. Furthermore, the injured worker needs an updated physical. Additionally, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The request for Cymbalta 60mg #30 is not medically necessary. According to the California MTUS guidelines Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It was not indicated if the injured worker had been utilizing this medication. In addition, the injured worker needs an updated physical assessment. Additionally, the provider did not indicate a rationale for the request. Moreover, the request does not indicate a frequency. Furthermore, it was not indicated how long the injured worker had been utilizing this medication. Therefore, the request is not medically necessary.