

Case Number:	CM14-0160083		
Date Assigned:	10/03/2014	Date of Injury:	02/10/1999
Decision Date:	02/04/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Practice, 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 sustained a work related injury on February 10, 1999, rear ended while driving, receiving a concussion. The Primary Treating Physician's report dated August 19, 2014, noted the injured worker with unchanged 8/10 cervical axial pain and headache. The injured worker was noted to have undergone revision left occipital neuroelectrode and right cervical epidural neuroelectrode, and replacement left cervical neuroelectrode on July 15, 2010. The procedure report was not included in the provided documentation. Physical examination was noted to show prominent myofascial spasm and tenderness in the right temple, bilateral occiput, neck, bilateral shoulders, and thoracic paravertebral muscles. Cervical range of motion was decreased, with cervical extension and right rotation showing marked increase in right neck and shoulder pain, with bilateral subacromial bursa tenderness noted. The Physician noted that a decrease in the Oxycodone had produced marked increase in the cervical axial pain and headache. The Tegaderm patch was noted to remain secure on the skin for the entire seventy-two hours. The Zyprexa was noted to improve the sleep disturbance and mood instability, with the Alprazolam allowing control of the anxiety and panic attacks. Baclofen was noted to decrease cervical myofascial spasm and pain, and the Senna was noted to control constipation resulting from the opioid medications. The Physician's impressions included myofascial pain syndrome of the head, neck, bilateral shoulders, and thoracic paravertebral muscles, bilateral occipital neuralgia, cervicogenic facet based pain, sleep disturbance, depression, and impotence, bilateral subacromial bursitis and impingement syndrome, left knee arthralgia status post multiple arthroscopies, complex regional pain syndrome of the left knee, and status post implantation of bilateral peripheral occipital neuroelectrodes, bilateral cervical neuroelectrodes, and Restore pulse generator. A request for authorization was made for a Fentanyl patch 75mcg #10, Oxycodone 15mg #180, Alprazolam 0.5mg #120, Zyprexa 5mg #60, Senna #120, and

Tegaderm #10. On September 22, 2014, Utilization Review evaluated the request for a Fentanyl patch 75mcg #10, Oxycodone 15mg #180, Alprazolam 0.5mg #120, Zyprexa 5mg #60, Senna #120, and Tegaderm #10, citing the MTUS Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines (ODG), Mental Illness & Stress, and Practice Parameters for the Evaluation and Management of Constipation, Dis Colon Rectum, 2007. The UR Physician certified the Fentanyl patch 75mcg #10, Oxycodone 15mg #180, Alprazolam 0.5mg #120, Senna #120, and Tegaderm #10. The UR Physician noted that although the injured worker was diagnosed with depression, there were no signs or symptoms of major depression or psychosis, and that the guidelines did not recommend antipsychotics such as Zyprexa for moderate depression without concurrent psychotherapy. The UR Physician noted the injured worker was not utilizing the medication in conjunction psychotherapy, and that the continued intake of antipsychotics did not appear to be in the injured worker's benefit. Therefore the request for Zyprexa 5mg #60 was recommended for non-certification. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZYPREXA 5MG, #60: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.epocrates.com.

Decision rationale: According to guidelines Zyprexa is used for schizophrenia, bipolar 1 disorder, major depressive disorder which has been resistant to other treatments. According to the medical records the patient is using Zyprexa to help sleep which is not recommended. Other medications have not been tried for the patients depression and thus Zyprexa is not medically necessary.