

Case Number:	CM14-0208179		
Date Assigned:	12/22/2014	Date of Injury:	09/19/2006
Decision Date:	02/18/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 59 year old male with an injury date on 09/19/2006. Based on the 11/21/2014 progress report provided by the treating physician, the diagnoses are: 1. Status post L4-5 anterior posterior decompression and fusion with instrumentation 2. Residual low back and right radicular pain 3. Abdominal pain 4. GERD 5. Opioid induced constipation 6. Depression and anxiety 7. Insomnia According to this report, the patient complains of low back radiating down the lower extremity. Pain is a 4/10 with medications and a 9/10 without medications. Physical exam reveals "chronic myofascial type muscular bands in the lumbar paraspinal musculature with active trigger points." Positive Straight leg raise on the right with pain at 75 degrees. Treatment to date includes treatment with a psychiatrist for psychotropic medication and acupuncture treatments. The treatment plan is to continue Norco, Neurontin, Lidoderm patch, Colace, and Zanaflex, follow up with [REDACTED] for GI testing. Per treating physician "the patient has reached maximal medical improvement from a pain management standpoint." The 09/17/2014 psychiatrist report indicates that patient has "depression, sleep disturbance, lack of motivation, excessive worry, restlessness, jumpiness, tension, disturbing memories, changes in weight, decreased energy, agitation, difficulty thinking, feeling 'keyed up' or on edge, inability to relax, pressure, reliving of the trauma, pessimism, diminished self-esteem, emptiness and inadequacy, weight loss/weight gain, nausea, shortness of breath and flashbacks." The diagnosis is Major Depressive Disorder, Single Episode, Unspecified. There were no other significant findings noted on this report. The utilization review denied the request for Risperidone #30 with 2 refills and Temazepam #60 with 2 refills on 12/02/2014 based on the

MTUS/ODG guidelines. The requesting physician provided treatment reports from 01/24/2014 to 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperidone .5 MG Every Night #30 with 2 Refills: Upheld

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

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 & Stress chapter, Risperidone, atypical antipsychotic medications

Decision rationale: According to the 11/21/2014 report, this patient presents with low back radiating down the lower extremity. The current request is for Risperidone .5mg every night, #30 with 2 refills. Regarding antipsychotic medications, ODG states "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG." The guidelines goes on and states "off-label use of these drugs in people over 40 should be short-term, and undertaken with caution. (Jin, 2013)." Review of the provided reports show that the patient has been taking this medication since 01/24/2014. However, the treating physician provided no discussion on whether or not this medication is doing anything for the patient's pain and function. MTUS does not recommend long-term use of this medication in patients over 40 and requires documentation of pain and function when medications are used for chronic pain. Therefore, the request is not medically necessary.

Temazepam 15 MG 1-2 Every Night #60 with 2 Refills: Upheld

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

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: Insomnia treatment

Decision rationale: According to the 11/21/2014 report, this patient presents with low back radiating down the lower extremity. The current request is for Temazepam 15mg 1-2 every night #60 with 2 refills. The MTUS and ACOEM guidelines do not discuss this medication; however, ODG Guidelines states that Temazepam is a "FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom), flurazepam (Dalmane), quazepam (Doral), and temazepam (Restoril). Triazolam (Halcion) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events." In reviewing the provided reports, the treating physician document that the patient has depression and sleep disturbance and requested Temazepam #60

with 2 refills and does not mention that this is for a short-term use. The patient has been prescribed this medication since 06/09/2014. ODG Guidelines does not recommend long-term use of this medication. Therefore the current request is not medically necessary.