

<b>Case Number:</b>	CM15-0006619		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/17/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 63 year old female, who sustained an industrial injury on July 17, 2008. The diagnoses have included chronic cervical strain with radiculopathy, right arm complaints, shoulder tendinitis, stomach complaints, history of depression, and difficulty sleeping. Treatment to date has included cervical epidural injection, left rotator cuff repair and biceps tendon repair, chiropractic treatments, physical therapy, and medications. Currently, the injured worker complains of cervical spine pain radiating into the bilateral upper extremities. The Primary Treating Physician's report dated November 11, 2014, noted the injured worker with complaints of orthopedic issues as well as psychiatric issues including difficulty sleeping, anxiety, and depression. Physical examination was noted to show tenderness and tightness of the cervical spine. On December 24, 2014, Utilization Review non-certified ProSom 2mg #30, Risperdal #30, and Buspar 10mg #60. The UR Physician noted that despite ongoing use, there did not appear to be any significant benefit noted with the ProSom, therefore the request for ProSom 2mg #30 was certified with modification to ProSom 2mg #23, with the remaining #7 non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG). The UR Physician noted that based on guideline recommendations; the request for Risperdal #30 was non-certified, citing the MTUS and Official Disability Guidelines (ODG). The UR Physician noted that the use of Buspar was only approved for short term relief of anxiety symptoms and efficacy was decreased with recent benzodiazepine use, therefore the request for Buspar 10mg #60 was non-certified, citing the Official Disability Guidelines (ODG). On January

12, 2015, the injured worker submitted an application for IMR for review of ProSom 2mg #30, Risperdal #30, and Buspar 10mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ProSom 2 MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): Page(s) 24, 124.

**Decision rationale:** MTUS states "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 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed ProSom on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for ProSom 2 MG #30 is not medically necessary. It is to be noted that The UR Physician certified the request with modification to ProSom 2mg #23.

#### **Risperdal #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, Mental Illness and Stress, Chronic Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress Atypical Antipsychotics; Risperdal

**Decision rationale:** ODG states "Risperdal is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." The request for Risperdal #30 is not medically necessary. The off label use of Risperdal is not recommended per guidelines.

**Buspar 10 MG #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, Mental Illness and Stress, Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain(Chronic), Anxiety medications in chronic pain

**Decision rationale:** Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The request for Buspar 10 MG #60 is not medically necessary as it is indicated only for short-term relief of anxiety symptoms.