

Case Number:	CM15-0142050		
Date Assigned:	08/03/2015	Date of Injury:	01/09/2012
Decision Date:	09/08/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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:

This 32-year-old man sustained an industrial injury on 1-9-2012. The mechanism of injury is not detailed. Diagnoses include severe head trauma, lumbosacral spondylosis, lumbosacral annular disc tears, right lumbar radiculitis, chronic pain syndrome, post-traumatic stress syndrome, and major depressive disorder. Treatment has included oral medications. Physician notes dated 5-4-2015 show complaints of dental and ophthalmology complaints, depression, lumbar spine pain, and cervical spine pain. Recommendations include continue care with ophthalmology and dental specialists and plastic surgeons, continue with psychiatrist, Nortriptyline, Lyrica, Cymbalta, Motrin, Prilosec, and continue with no narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications 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 Ativan 2 mg twice daily on an ongoing basis with no documented plan of taper. Also, he is being prescribed high dose of another Benzodiazepine i.e. Xanax 2 mg twice daily. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Ativan 2mg #60 is excessive and not medically necessary.

Xanax 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications 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 Xanax 2 mg twice daily on an ongoing basis with no documented plan of taper. Also, he is being prescribed high dose of another Benzodiazepine i.e. Ativan 2 mg twice daily. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Xanax 2mg #60 is excessive and not medically necessary.

Risperdal 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ODG Mental Illness and Stress-online version, Risperidone.

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/Atypical Antipsychotics, Risperidal.

Decision rationale: ODG states "Risperidal 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 injured worker has been diagnosed with severe head trauma, lumbosacral spondylosis, lumbosacral annular disc tears, right lumbar radiculitis, chronic pain syndrome, post-traumatic stress syndrome, and major depressive disorder. The request for Risperdal 2mg

#60 is excessive and not medically necessary since there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG.