

Case Number:	CM15-0182506		
Date Assigned:	09/23/2015	Date of Injury:	11/12/2012
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/16/2015

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
 Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial-work injury on 11-12-12. He reported initial complaints of left shoulder pain, neck pain, and right shoulder pain. The injured worker was diagnosed as having impingement syndrome, left shoulder SLAP (superior labrum anterior-posterior), arthritis of left shoulder, cervical spondylosis without myelopathy. Treatment to date has included medication, surgery (SLAP, superior labrum anterior-posterior, procedure with debridement of left shoulder on 3-13-13, left shoulder arthroscopy with distal clavicle excision intra-articular debridement resected distal clavicle of the left shoulder on 12-30-13), activity modification, injections, and physical therapy (16 sessions). MRI results were reported on 4-15-14 that noted prior labral tear status post repair, low-grade articular sided irregularity of the supraspinatus and infraspinatus tendons at their insertion on the greater tuberosity, and interval Mumford procedure. Currently, the injured worker complains of pain in the left shoulder, neck, and right shoulder described as dull, aching, sharp, throbbing, and stabbing. It was constant and moderate and radiated into the neck, and upper back. Associated symptoms included weakness. Medications included Prilosec, Venlafaxine, Klonopin, Risperidone, and Aspirin. Per the primary physician's progress report (PR-2) on 7-31-15, there was no physical exam noted. Current plan of care includes consult with psychiatry and psychology and resume medications. The Request for Authorization requested service to include Klonopin 0.5mg tablets #90 with 3 refills and Risperidone 1mg #60 with 3 refills. The Utilization Review on 8-17-15 denied the request for Klonopin 0.5 mg since it is not recommended for long term use per CA MTUS (California Medical Treatment Utilization

Schedule) Guidelines and Risperidone 1 mg is denied due to non-recommendation by ODG (Official Disability Guidelines).

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg tablets #90 with 3 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the MTUS guidelines, "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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The long-term utilization of benzodiazepines is not supported per the MTUS guidelines. The request for Klonopin 0.5mg tablets #90 with 3 refills is not medically necessary and appropriate.

Risperidone 1mg #60 with 3 refills: Upheld

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

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 and Stress Chapter/Risperidone (Risperdal).

Decision rationale: According to ODG, Risperidone (Risperdal) is not recommended as a first-line treatment. Per ODG, there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. As noted 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. (Jin, 2013) Atypical antipsychotic medications are linked to acute kidney injury (AKI) in elderly patients. A population-based study examining medical records for nearly 200,000 adults showed that those who received a

prescription for quetiapine (Seroquel), risperidone (Risperdal), or olanzapine had an almost 2-fold increased risk for hospitalization for AKI within the next 90 days vs. those who did not receive these prescriptions. In addition, patients who received one of these oral atypical antipsychotics had increased risk for acute urinary retention, hypotension, and even death. (Hwang, 2014) ". As noted, atypical antipsychotics such as Risperidone is not supported. The request for: Risperidone 1mg #60 with 3 refills is not medically necessary and appropriate.