

Case Number:	CM15-0198400		
Date Assigned:	10/13/2015	Date of Injury:	12/09/2008
Decision Date:	12/11/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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 December 9, 2008, incurring injuries to her left arm and back. She was diagnosed with right hand, wrist and forearm contusion and left shoulder sprain. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, lumbar bracing, antidepressants, and shoulder arthroscopic surgery and activity restrictions. Currently, the injured worker complained of increased pain in her back arm wrist hand and shoulder, depression, decreased energy, difficulty thinking, insomnia, tension, panic attacks, flashbacks and abdominal pain. She noted ongoing stiffness and reduced range of motion in her neck and left arm. She reported low back spasms with persistent pain. The injured worker had increased emotional distress and depression secondary to her multiple traumatic injuries. The treatment plan that was requested for authorization on October 8, 2015, included prescriptions for Xanax 0.5 mg #90, Risperdal 1 mg #30, Cymbalta 60 mg #60, and Prosom 2 mg #30. On September 8, 2015, a request for Xanax, Risperdal, Cymbalta and Prosom was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg, #90: Upheld

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

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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Xanax 0.5 mg three times daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Xanax 0.5mg, #90 is excessive and not medically necessary.

Risperdal 1mg, #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 (ODG) Mental Illness & Stress Chapter atypical antipsychotics, See PTSD pharmacotherapy.

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: Atypical Antipsychotics, Risperidone.

Decision rationale: According to the Official Disability Guidelines, risperidone 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 Major Depressive Disorder, Generalized Anxiety Disorder and Psychological factors affecting medical condition. The request for Risperdal 1mg, #30 is excessive and not medically necessary as there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. It is not recommended for an atypical antipsychotic to be added to the regimen as first line for augmentation of an antidepressant because of the side effects associated with this medication, therefore is not medically necessary.

Cymbalta 60mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness Chapter: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: According to the Official Disability Guidelines, MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. The injured worker has been diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder and Psychological factors affecting medical condition. The most recent progress report indicated that the injured worker continues to present with subjective complaints of increased pain in her back arm wrist hand and shoulder, depression, decreased energy, difficulty thinking, insomnia, tension, panic attacks and flashbacks. There is no evidence of medical stability or objective functional improvement, which would necessitate the need for ongoing treatment with Cymbalta. Therefore, the request is not medically necessary.

Prosom 2mg, #30: Upheld

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

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

Decision rationale: Prosom (estazolam) is indicated for the short-term management of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings. 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. The request for Prosom 2mg, #30 is not medically necessary as guidelines limit use of benzodiazepines to 4 weeks.