

<b>Case Number:</b>	CM15-0040358		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	08/28/2007
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Texas, 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:

This is a 61-year-old male patient, who sustained an industrial injury on 08/28/2007. He sustained the injury due to psychological stress and whole body/harassment stress. The diagnosis includes posttraumatic stress disorder, Axis I and major depression. Per the note dated 11/13/2014, he had subjective complaint of fatigue, weakness, muscle tremors, headaches and visual difficulties. Emotionally he complained of anxiety, grief, fear, uncertainty, agitation, depression, anger, apprehension, feeling overwhelmed and irritable. Cognitively he felt confusion, poor attention, nightmares, poor decisions, heightened alertness, memory problems, poor concentration and problem solving. The plan of care involved keeping the patient on Klonopin and Zoloft; give him Risperdal 0.5mg twice daily. He is to continue receiving psychotherapy. He was permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg #90 x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Treatment Index, 13th Edition, 2015, mental Illness & Stress chapter, Post-Traumatic Stress Disorder (PTSD) and Atypical antipsychotics.

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

**Decision rationale:** Request: Klonopin 1mg #90 x 2 Klonopin contains clonazepam which is a benzodiazepine, an anti-anxiety drug. According to 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. Any trial of other measures for treatment of insomnia is not specified in the records provided. Previous psychotherapy notes are not specified in the records provided. As mentioned above, prolonged use of benzodiazepines may lead to dependence. They do not alter stressors or the individuals coping mechanisms. The request is for a significantly dose and number of klonopin tablets along with 2 refills. Use for a short duration may be medically appropriate in this pt; however, the medical necessity of Klonopin 1mg #90 x 2, as prescribed, is not established for this patient.

**Risperidone 0.5mg #60, x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition, 2015, mental Illness & Stress chapter, Post-Traumatic Stress Disorder (PTSD) and Atypical antipsychotics.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 03/25/15) Risperidone (Risperdal) A typical antipsychotics.

**Decision rationale:** Request: Risperidone 0.5mg #60, x 2 Per the cited guidelines Risperidone (Risperdal) or A typical antipsychotic is Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielman, 2013) Therefore, there is no high grade scientific evidence to support risperidone for this diagnosis. Response to first line treatment is not specified in the records provided. The medical necessity of Risperidone 0.5mg #60, x 2 is not fully established for this patient.

