

Case Number:	CM15-0045847		
Date Assigned:	04/21/2015	Date of Injury:	06/22/2005
Decision Date:	07/02/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/10/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 60-year-old female, who sustained an industrial injury on 7/2/2004. Diagnoses have included chronic pain syndrome, narcotic dependence and major depression. Treatment to date has included medication. According to the response to the request for information dated 1/15/2015, the injured worker was put on Risperidone in June of last year due to a psychiatric disorder that was either exacerbated or induced by her long-term narcotics use. She was taking Benzotropine to control involuntary movements, which was noted to be effective. It was noted that Lamotrigine was used to stabilize the deep depression that the injured worker experienced; she was no longer on this medication. The injured worker was noted to obtain a certain amount of pain relief from Suboxone, along with reduced cravings for opiates. Authorization was requested for Risperidone, Benzotropine, Lamotrigine and Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperidone 1mg #30 x 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation risperidone: drug information: up-to-date.

Decision rationale: This 60-year-old injured worker has been treated for chronic pain and major depression and receives multiple psychotropic medications. Risperidone is an atypical anti- psychotic. This class of medications can be associated with cerebrovascular adverse events, neuroleptic malignant syndrome, tardive dyskinesia, metabolic changes such as diabetes or hyperglycemia, dyslipidemia, weight gain, orthostatic hypotension, dysphagia and suicide. In this injured worker, risperidone has been prescribed for ongoing use. The records do not document a discussion of efficacy or target symptoms specifically related to risperidone or a discussion of side effects. The records do not substantiate the medical necessity of risperidone.

Risperidone HCL 0.5mg #60 x 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation risperidone drug information: up-to-date.

Decision rationale: This 60-year-old injured worker has been treated for chronic pain and major depression and receives multiple psychotropic medications. Risperidone is an atypical anti- psychotic. This class of medications can be associated with cerebrovascular adverse events, neuroleptic malignant syndrome, tardive dyskinesia, metabolic changes such as diabetes or hyperglycemia, dyslipidemia, weight gain, orthostatic hypotension, dysphagia and suicide. In this injured worker, risperidone has been prescribed for ongoing use. The records do not document a discussion of efficacy or target symptoms specifically related to risperidone or a discussion of side effects. The records do not substantiate the medical necessity of risperidone.

Benzotropine 1mg #60 x 12 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 up-to-date: benzotropine drug information.

Decision rationale: This 60-year-old injured worker has been treated for chronic pain and major depression and receives multiple psychotropic medications. Benzotropine is used for the management of drug induced extrapyramidal disorders (except tardive dyskinesia). In this injured worker, benzotropine has been prescribed due to side effects of anti-psychotic medications. The records do not document a discussion of efficacy or target symptoms specifically related to benzotropine or a discussion of side effects. The records do not substantiate the medical necessity of benzotropine.

Lamotrigine 100mg #30 x 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 16-17.

Decision rationale: This 60-year-old injured worker has been treated for chronic pain and major depression and receives multiple psychotropic medications. Lamotrigine is an anti-epilepsy drug that has been used in the treatment of neuropathic pain. In this injured worker, lamotrigine has been prescribed for ongoing use and it is not clear if the prescription is for her depression or chronic pain. The records do not document a discussion of efficacy or target symptoms specifically related to lamotrigine or a discussion of side effects. The records do not substantiate the medical necessity of lamotrigine.

Suboxone 4/1mg #90 x 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 27.

Decision rationale: This 60-year-old injured worker has been treated for chronic pain and major depression and receives multiple psychotropic medications. Suboxone is used in the treatment of opioid dependence. In this injured worker, it is being used for pain as well as opioid cravings. The records do not document a discussion of efficacy or a discussion of side effects. The records do not substantiate the medical necessity of suboxone.