

Case Number:	CM15-0052072		
Date Assigned:	03/25/2015	Date of Injury:	03/21/2007
Decision Date:	06/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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: Illinois

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 58-year-old female who reported an injury on 03/21/2007. Her diagnosis as of 03/19/2015 was of cervicalgia. She had been utilizing Latuda, Cogentin, and Serzone, with a request for medication refill dated 03/10/2015. An assessment during a psychiatric follow up visit dated 08/29/2014 further noted the injured worker had symptoms and signs of major depressive disorder, generalized anxiety disorder, and sleep disorder. Diagnostic studies included an x-ray of the cervical spine performed on 03/25/2007 which identified degenerative changes at the C5-6 level with mild spasms but no definitive fractures identified. The impression was of chronic cervical strain with left upper extremity radicular pain. An MRI was also performed, which identified spondylosis of C5-6 and reiterated the degenerative changes at levels C6-7 with left sided neural foraminal narrowing. The injured worker had also undergone a polysomnogram in 09/2011 due to a history of snoring, apneas, and daytime sleepiness, and to rule out sleep apnea. She was seen on 01/09/2015 for a psychiatric follow up visit. The injured worker indicated she had stopped using the Latuda due to her feet and legs indicated as "curling up." She had stopped using the medication 1 week prior to the examination. She was seen again on 02/06/2015, stating that she felt involuntary movements. She further noted getting restless during night time and then subsequently fell asleep during the day. She indicated having restless leg syndrome and sleep apnea, but did not have any hypothyroidism.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Latuda 20mg #30 with one refill (11/07/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress (updated 02/10/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/latuda.html.

Decision rationale: According to the online website Drugs.com, Latuda is an antipsychotic medication used to treat depressive episodes associated with bipolar I disorder. The injured worker had been utilizing Latuda since at least 08/2014 with no indication that it was providing her with any significant benefit. When she was seen again on 11/07/2014, she continued to have complaints of sleeping excessively at night and continuing to have anxiety. There was no indication that the medication had significantly reduced her symptoms, as there was no reference as to whether or not this individual medication was providing her with any decrease in her symptoms and improvement in overall functionality. The injured worker was utilizing multiple medications for treatment of her conditions with no reference to whether or not the Latuda was particularly beneficial. Therefore, after review of the clinical documentation, although abrupt discontinuation of this medication is discouraged, the request cannot be considered medically necessary at this time.

Retro Cogentin 0.5mg #30 with one refill (01/09/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/3286051>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/mtm/cogentin.html.

Decision rationale: According to the online website Drugs.com, the use of Cogentin, otherwise known as benztropine, is used to treat symptoms such as muscle spasms, stiffness, tremors, sweating, drooling, and poor muscle control, which are related to Parkinson's disease. The injured worker indicated that she complained that the benztropine was not helping her involuntary movements as of 02/06/2015. In reference back to 01/09/2015, there was no indication that the medication had been effective in reducing any of her symptoms related to its intended use. Therefore, without having a more thorough rationale for ongoing use of the Cogentin, the requested service was not considered medically necessary.

Retro Serzone 25mg #60 with one refill (02/06/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress (updated 02/10/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/serzone.html.

Decision rationale: According to the online website Drugs.com, Serzone is an antidepressant medication used to relieve symptoms of depression. In the case of this injured worker, the date 02/06/2015 indicated that she was having continued problems with restlessness at night which subsequently caused her fall asleep during the day with restless leg syndrome and sleep apnea. Although her mental examination did not identify any agitation, crying spells, or anger, she did have anxiety present with no interest in doing anything. Therefore, after review of the clinical documentation, there was no evidence that the use of the Serzone was improving the injured worker's symptoms and enabling her to function at a higher level. Therefore, the medical necessity has not been established.

Retro Requip 0.5mg #30 with one refill (02/06/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19744006>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/requip.html.

Decision rationale: According to the online website Drugs.com, the medication Requip, also known as ropinirole, has been utilized to treat symptoms of Parkinson's and also restless leg syndrome. Although the injured worker identified as having restless leg syndrome on the 02/06/2015 documentation, there was no indication that she would necessitate a refill without having a trial of the medication with interval reassessment to determine its efficacy. Therefore, although the medication may have been appropriate for its intended use, there was no rationale for the 1 refill in addition to the initial dose of medication. Therefore, the requested service cannot be considered medically necessary.