

Case Number:	CM15-0053465		
Date Assigned:	03/26/2015	Date of Injury:	11/21/2006
Decision Date:	05/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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: Physical Medicine & Rehabilitation

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 48-year-old male who reported an injury on 11/21/2006. The mechanism of injury was not stated. The current diagnoses include depressive disorder with anxiety, polysubstance abuse, and psychological factors affecting a medical condition. The injured worker presented on 02/05/2015 for a follow-up evaluation. The injured worker reported multiple psychiatric complaints. Upon examination, the provider noted a depressed facial expression and visible anxiety. Treatment recommendations at that time-included continuation of the current medication regimen of omeprazole 20 mg, Requip, Cogentin, temazepam, clonazepam, Prozac 20 mg and risperidone 2 mg. A Request for Authorization form was then submitted on 02/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg twice daily #60 + 2 refills (prescribed 2-5-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state that proton pump inhibitors are recommended for patients that intermediate or high risk gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increase risk factors for gastrointestinal events. Therefore, the medical necessity for the requested medication has not been established. As such, the request is not medically appropriate at this time.

Requip 1mg every night #30 + 2 refills (prescribed 2-5-15): 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) Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 28 April 2015.

Decision rationale: According to the US National Library of Medicine, Requip is used alone or with other medication to treat the symptoms of Parkinson's disease. It is also used to treat restless leg syndrome. The injured worker does not maintain a diagnosis of Parkinson's disease or restless leg syndrome. The medical necessity for the ongoing use of this medication has not been established. In addition, it is noted that the injured worker has continuously utilized the above medications since at least 11/2014 without mention of functional improvement. Given the above, the request is not medically appropriate at this time.

Cogentin 0.5mg every night #30 + 2 refills (prescribed 2-5-15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epocrates Online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 28 April 2015. U.S. National Library of Medicine.

Decision rationale: According to the US National Library of Medicine Cogentin is used to treat the symptoms of Parkinson's disease and tremors caused by medical problems or drugs. The injured worker does not maintain a diagnosis of Parkinson's disease. There is no evidence of tremors upon examination. The injured worker has utilized the above medication since at least 11/2014 without mention of functional improvement. The medical necessity has not been established in this case. As such, the request is not medically appropriate.

Temazepam 30mg every night #30 + 2 refills (prescribed 2-5-15): Upheld

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

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this case, it is noted that the injured worker is also utilizing clonazepam. The medical necessity for 2 separate benzodiazepines has not been established. The injured worker has also utilized the above medications since at least 11/2014 without mention of functional improvement. Given the above, the request is not medically appropriate.

Conazepam 0.5mg three times per day #90 + 2 refills (prescribed 2-5-15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this case, it is noted that the injured worker is also utilizing temazepam. The medical necessity for 2 separate benzodiazepines has not been established. The injured worker has also utilized the above medications since at least 11/2014 without mention of functional improvement. Given the above, the request is not medically appropriate.

Risperidone 2mg every night #30 + 2 refills (prescribed 2-5-15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental and Stress Chapter Risperidone (Risperdal).

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, Risperidone (Risperdal).

Decision rationale: According to the Official Disability Guidelines Risperdal is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics. In this case, there is no indication that this injured worker maintains a diagnosis of a psychotic disorder. The injured worker has utilized risperidone 2 mg since at least 11/2014 without mention of functional improvement. As the medical necessity for the request has not been established, the request is not medically appropriate.