

Case Number:	CM14-0145000		
Date Assigned:	09/12/2014	Date of Injury:	02/09/2006
Decision Date:	10/30/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year old male with a date of injury of 02/09/2006. He had a right shoulder injury. He has been taking Effexor, Zyprexa, Ativan and Depakote. On 04/07/2014, on 04/21/2014 and on 05/13/2014 he was had an office visit to check on his right shoulder and was taking Baclofen, Clonidine, Effexor, Kadian, Ativan, Norco, Lyrica and Omeprazole. He was alert and oriented. His affect was mildly depressed. On 08/15/2014 he had no difficulty sleeping, the patient's energy was good, and there was no feeling of hopelessness or helplessness. It was noted that he enjoys fishing. The assessment was mood disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg BID as need for anxiety #15: Upheld

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

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

Decision rationale: MTUS Chronic Pain, Benzodiazepines, "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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Ativan 1mg twice per day as need for anxiety #15 is not medically necessary with MTUS guidelines.

Zyprexa 10mg PO q HS #30: 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

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: Zyprexa, FDA approved package insert.

Decision rationale: There are no MTUS or ODG guidelines for Zyprexa. Zyprexa is an atypical anti-psychotic indicated for the treatment of Schizophrenia and Bipolar I disorder. There is no documentation that this patient has Schizophrenia and Zyprexa is medically necessary. There is no documentation that he has Bipolar disorder and Zyprexa is medically necessary. He has no FDA approved indication for this medication and the use of Zyprexa in this patient is experimental and investigational treatment. Therefore, Zyprexa 10mg by mouth every hour #30 is not medically necessary.