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| Case Number: | CM14-0099209 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 01/20/2003 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 49-year-old gentleman was reportedly injured on January 20, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 23, 2014, indicated that there were ongoing complaints of neck pain and left shoulder pain with numbness in the left upper extremity. Current medications include Vicodin, Neurontin, Naproxen, Seroquel, Klonopin, Ativan, Wellbutrin, Risperdal, and Latuda, which are stated to be beneficial. The physical examination demonstrated tenderness along the cervical spine paraspinal muscles with decreased cervical spine range of motion. There was a positive Spurling's test. There was a positive Tinel's test at the right elbow and tenderness at the medial and lateral epicondyles as well as the olecranon. There was decreased sensation in the ulnar nerve distribution. Diagnostic imaging studies revealed a cervical spine disc herniation at C5-C6. Previous treatment included a left cubital tunnel release, a cervical spine discectomy and fusion at C6-C7, a left shoulder arthroscopy, psychotherapy, biofeedback, and oral medications. A request had been made for Risperdal, Seroquel, and Klonopin wafers and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Risperdal 2 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

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 and Stress, Atypical Antipsychotics, Updated June 12, 2014.

Decision rationale: According to the Official Disability Guidelines, antipsychotic medications such as Risperdal are not recommended as first-line treatment. There is insufficient evidence to recommend an atypical antipsychotic for conditions covered in the Official Disability Guidelines. Considering this, this request for Risperdal is not medically necessary.

One (1) prescription of Seroquel 400 mg, #30 between 4/1/2014 and 7/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress

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 and Stress, Atypical Antipsychotics, Updated June 12, 2014.

Decision rationale: According to the Official Disability Guidelines, antipsychotic medications such as Seroquel, are not recommended as first-line treatment. There is insufficient evidence to recommend an atypical antipsychotic for conditions covered in the Official Disability Guidelines. Considering this, this request for Seroquel is not medically necessary.

One (1) prescription of Klonopin Wafer 2 mg, #30 between 4/1/2014 and 7/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s): 24 OF 127.

Decision rationale: Klonopin is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use, because long-term efficacy is unproven. The record reflects that this medication is being prescribed for long term use. The progress note, dated April 23, 2014, indicated that this medication has been prescribed for years. As such, this request for Klonopin is not medically necessary.