MAXIMUS Federal Services

Case Number:	CM15-0028038		
Date Assigned:	02/20/2015	Date of Injury:	03/19/2000
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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 Jersey
Certification(s)/Specialty: Family Practice

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 59 year old male injured worker suffered and industrial injury on 3/19/2000. The diagnosis was depressive disorder. He was also being treated for chronic pain. The treatments were medications. The treating provider reported depression, changes in appetite, sleep disturbance, lack of motivation, changes in weight, decreased energy, and difficulty thinking. The Utilization Review Determination on 1/29/2015 non-certified:1. 1 prescription of Zyprexa 10mg #30 with 2 refills modified to 1 prescription, citing ODG; 2. 1 prescription of Tylenol No. 4 #90 with 2 refills, MTUS; 3. 1 prescription of Soma 350mg #30 with 2 refills, modified to 1 prescription, MTUS; 4. 1 prescription of Ativan 0.5mg #30 with 2 refills, ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zyprexa 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388-398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, Atypical antipsychotics.

Decision rationale: The MTUS ACOEM Guidelines do not discuss risperidone specifically, but does discuss using medications to treat psychological disorders. It states that a specialty referral may be necessary in cases of severe depression and schizophrenia or if mild to moderate psychological disorders continue to be uncontrolled after having been treated by the primary doctor for 6-8 weeks. Treatment with antipsychotic medications, which are used for severe psychiatric conditions, and sometimes for severe depression, is best done in conjunction with a specialty referral, and should be prescribed by a psychiatrist as it carries with it potentially serious side effects that should be considered before initiating it. The ODG also states that antipsychotic medication is not recommended as a first-line treatment, and using them as part of plan to treat depression provides only limited improvements, according to the latest research, and improved functioning with their use is minimal to none. In the case of this worker, there was insufficient evidence found in the documentation provided to support the use of Zyprexa for the worker's diagnoses. Insufficient reports on current symptoms and effectiveness of Zyprexa were found in the documents to support continued use. As this medication is not first line therapy for depression or insomnia, it will be considered medically unnecessary. Weaning may be indicated.

1 prescription of Tylenol No. 4 #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was insufficient recent documentation provided to learn if the worker had been using Tylenol #4 or if this was a new prescription. Regardless, there was also insufficient documentation that the discussion regarding side effects, goals, and connection to his injury to help justify this request. Therefore, the Tylenol #4 will be considered medically unnecessary.

1 prescription of Soma 350mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66, AND Carisoprodol, p. 29.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, there was insufficient evidence to support the use of Soma for more than a short course, and as the request was for up to 90 pills, it will be considered medically unnecessary.

1 prescription of Ativan 0.5mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was insufficient evidence to support the use of Ativan. Although the worker experienced anxiety and depression, there was no indication found in the notes suggesting an additional medication such as Ativan was needed over the existing mediation regimen. Regardless, the intention to use Ativan on a chronic basis is not justified and is medically unnecessary.