MAXIMUS Federal Services

Case Number:	CM15-0040793		
Date Assigned:	03/11/2015	Date of Injury:	01/14/2002
Decision Date:	06/11/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/03/2015

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: Emergency Medicine

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 59-year-old female with a reported date of injury of 01/14/2002. The mechanism of injury was not specifically stated. The injured worker is diagnosed with depressive disorder, with psychological factors affecting a medical condition. The only clinical note submitted for review is documented on 02/09/2015. The injured worker presented for a follow-up evaluation with multiple psychiatric complaints. The physician noted visible anxiety, emotional withdrawal, confusion, inappropriate appearance, rambling/ disorganization, and suicidal ideation. Treatment recommendations at that time included continuation of the current medication regimen of Tylenol No. 4, Nuvigil 150 mg, risperidone, alprazolam, citalopram, and Prosom. A Request For Authorization form was then submitted on 02/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4, 1 TID As Needed Pain, #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 Page(s): 35.

Decision rationale: California MTUS Guidelines recommend codeine as an option for mild to moderate pain, as indicated. It is used as a single agent or in combination with acetaminophen and other products for the treatment of mild to moderate pain. In this case, the only clinical documentation submitted for review is a psychological follow-up visit on 02/09/2015. There is no physical examination provided for this review. The medical necessity for the prescription pain medication has not been established in this case. It is unclear how long the injured worker has utilized the above medication. There is no evidence of objective functional improvement. As the medical necessity has not been established, the request is not medically necessary at this time.

Risperidone .5 MG, 1 Every Hour, #30 with 2 Refills: Upheld

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

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: The Official Disability Guidelines do not recommend Risperdal as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics. In this case, there is no documentation of a psychotic disorder. There is no specific rationale noted in the current medical record for the use of an atypical antipsychotic. There are no specific psychotic symptoms noted in the clinical documentation. As the medical necessity has not been established, the request is not medically necessary.

Alprazolam .5 MG, 1 TID, #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 Page(s): 24.

Decision rationale: California MTUS Guidelines do not recommend long-term use of benzo-diazepines, because long-term efficacy is unproven and there is a risk of dependence. It is unclear how long the injured worker has utilized the above medication. There is no evidence of functional improvement as a result of the ongoing use of this medication. The medical necessity for 2 separate benzodiazepines has not been established in this case. In addition, the California MTUS Guidelines do not recommend long-term use of benzodiazepines; therefore, the request for 2 additional refills would not be supported. Based on the information received and that California MTUS Guidelines, the request is not medically necessary.

ProSom 2 MG, 1 Every Hour, #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 Page(s): 24.

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy is unproven and there is a risk of dependence. It is unclear how long the injured worker has utilized the above medication. There is no evidence of functional improvement as a result of the ongoing use of this medication. The medical necessity for 2 separate benzodiazepines has not been established in this case. In addition, the California MTUS Guidelines do not recommend long-term use of benzodiazepines; therefore, the request for 2 additional refills would not be supported. Based on the information received and that California MTUS Guidelines, the request is not medically necessary.