

Case Number:	CM14-0172863		
Date Assigned:	10/23/2014	Date of Injury:	09/19/2006
Decision Date:	11/25/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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 California. 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 injured worker (IW) is a 59-year-old man with a date of injury of September 19, 2006. The mechanism of injury is not documented in the medical record. He is status-post L5-S1 ALIF on August 25, 2008. TDR at L4-L5 on May 10, 2010, posterior bilateral decompression L4-L5 with undercutting semi-hemilaminotomy, foraminotomy and fixation on July 18, 2011, and L4-L5 revision fusion on July 30, 2012. Psychological permanent and stationary report dated March 19, 2014 indicates the following diagnoses: Axis I: Major depressive disorder, single episode, unspecified, psychological factors affecting medical condition. Axis II: No personality disorder. Axis III: Medical conditions according to medical specialists. Axis IV: Occupational problems. Axis V: GAF=47. Symptoms cause serious impairment in social and occupational functioning. The IW would be unable to keep his job at this time. He is considered permanent and stationary. The primary treating physician examined the IW on August 5, 2014. The IW continued to report significant pain in the low back with radiation down the lower extremity. Pain was rates 6-7/10. Deep tendon reflexes were diminished in the right Achilles. He was diagnosed with status-post L4-L5 anterior posterior decompression and fusion with instrumentation, residual low back pain and right radicular pain, abdominal pain, GERD, opioid induced constipation, depression and anxiety and insomnia. Norco was discontinued. The IW continues on Neurontin 400mg, Zanaflex 4mg, and Lidoderm patch. He was advised to continue with authorized acupuncture sessions. Progress report dated September 17, 2014 indicates that the IW was seen for a psychological evaluation. He had persistent symptoms of anxiety, depression, and stress-related medical complaints arising from industrial stress injury to the psyche. Diagnoses had remained unchanged. He described symptoms of depression, changes in appetite, sleep disturbances, lack of motivation, excessive worry, restlessness, tension, changes in weight, decreased energy, agitation, difficulty thinking, pessimism, diminished self-esteem,

inability to relax, nausea, shortness of breath, disturbing memories, and flashbacks. On exam, there is improvement noted in symptoms, including the fact that he can comprehend TV and spends less time in bed, is less fatigued, is less defensive and irritable, and less anxious, depressed, angry and nervous. Plan is to continue antidepressants, at an increased dose. The IW was also prescribed Temazepam and Risperidone. The IW has been maintained on psychological medications dating back to 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg one to two every night at bedtime for sleep #60 with 2 refills prescribed 9/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Temazepam Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Temazepam 15 mg 1 to 2 tablets every night at bedtime for sleep #60, two refills prescribed September 17, 2014. The guidelines state Benzodiazepines (Temazepam) is not recommended for long-term use because long-term use is unproven and there is a risk of dependence. Most guidelines suggest limited use up to four weeks. Their range of action includes sedative /hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepine use is the treatment of choice in very few conditions. Tolerance to the hypnotic effects developed rapidly and tolerance to the anxiolytic effect occurs within months. Temazepam is a benzodiazepine used for relief of insomnia. Sleep problems are usually temporary requiring treatment for only a short time; and no more than 2 to 3 weeks. Insomnia lasting longer may be a sign of another medical problem. In this case, there is a single clinical diagnosis of insomnia on one progress note July 2, 2014 but no evidence warranting 2 pills at bedtime with two refills when short term use is indicated. Additionally, the injured worker is taking opiates concurrently which can potentiate the central nervous system depressant effects of the opiates. Given the injured worker has taken Temazepam long-term, an additional quantity is recommended for weaning purposes. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Temazepam 15 mg 1 to 2 tablets every night at bedtime for sleep #60, two refills prescribed September 17, 2014 is not medically necessary.

Risperidone 0.5mg one every night at bedtime #30 with 2 refills prescribed 9/17/14: 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 and Stress Chapter Risperidone (Risperdal), WebMD

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, Risperidone

Decision rationale: Pursuant to the Official Disability Guidelines, Risperidone 0.5 mg one every night at bedtime #30 with two refills prescribed September 17, 2014 is not medically necessary. The guidelines state Risperidone is not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics (Risperidone) for conditions covered in the Official Disability Guidelines. For the treatment of PTSD, the guidelines strongly recommend SSRIs. Additionally, they recommend tricyclic antidepressants and MAO inhibitors as a second line treatment for PTSD. Risperidone is an antipsychotic medication indicated in the treatment of bipolar mania, schizophrenia and PTSD (Post-traumatic stress disorder). In this case, the injured worker was diagnosed with a depressive disorder with anxiety. He does not have a condition for which Risperidone would be appropriate. He experiences symptoms compatible with PTSD but there is no diagnosis of PTSD or bipolar mania. According to the medical records the injured worker has used Risperidone dating back to 2011 however there is no clear clinical efficacy with its use documented in the record. There is no evidence the patient has had improvements in the symptoms despite the long-term use of this medications. The injured worker is being treated with Effexor (for depression). Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Risperidone 0.5 mg one every night at bedtime #30 with two refills prescribed September 17th 2014 is not medically necessary.