

Case Number:	CM13-0012409		
Date Assigned:	09/25/2013	Date of Injury:	04/30/2003
Decision Date:	01/16/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas, Illinois, and Indiana. 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 physician 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 56-year-old female with a reported date of injury on 04/30/2003; the mechanism of injury was a repetitive use injury. The patient presented with sleep disturbance, worsening pain in the hands and neck, coldness and burning in the hands, and mildly dysphoric mood. The patient had diagnoses including chronic pain syndrome, complex regional pain syndrome, sprain/strain of the cervical spine, status post right thumb arthroplasty, and major depressive disorder. The provider's treatment plan consisted of 1 prescription for clonazepam 1 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Clonazepam 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The California MTUS guidelines note benzodiazepines are 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. Within the provided documentation, it appeared the patient had been utilizing the medication since at least 07/2012. Within the provided documentation, the requesting physician did not include adequate documentation of the medication's efficacy as demonstrated by objective functional improvements with the use of the medication. Additionally, the guidelines do not recommend long-term use of benzodiazepines as long-term efficacy is unproven and there is a risk of dependence; therefore, the request for clonazepam 1 mg #60 is neither medically necessary nor appropriate.

1 prescription of Trazodone 100mg #30: 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, Trazodone.

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, Trazodone.

Decision rationale: The California MTUS guidelines and ACOEM do not address Trazodone. The Official Disability Guidelines note Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The guidelines noted there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The guidelines note primary insomnia is generally addressed pharmacologically and secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the provided documentation, it appeared the patient had been utilizing the medication since at least 2011. Within the provided documentation, the requesting physician did not include adequate documentation of the medication's efficacy as demonstrated by objective functional improvements with the use of the medication. Therefore, the request for Trazodone is neither medically necessary nor appropriate.