

Case Number:	CM13-0017724		
Date Assigned:	10/11/2013	Date of Injury:	04/17/2006
Decision Date:	03/05/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/28/2013

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 & Rehabilitation 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 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 reported injury on 04/17/2006. There was no clinical information presented for review, with the exception of the Application for Independent Medical Review, which indicated the patient's diagnoses included Major depressive disorder, single episode and persistent disorder of initiating or maintaining sleep. The request per the same Application were noted to be for Monthly visits, Clonazepam, Cymbalta and Escitalopram.

IMR ISSUES, DECISIONS AND RATIONALES

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

monthly visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, Office Visits.

Decision rationale: The request for monthly visits is not medically necessary. Official Disability Guidelines indicates that office visits are appropriate as determined by the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. No clinical

was submitted for review to support the request and per the request, there was no quantity of visits or duration requested.

Clonazepam 1 mg tid #90: Upheld

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

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

Decision rationale: The request for Clonazepam 1 mg tid #90 is not medically necessary. California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. No clinical was submitted for review to support the request..

Cymbalta 80mg qd #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors Page(s): 107.

Decision rationale: The request for Cymbalta 80 mg qd #30 is not medically necessary. California MTUS guidelines indicate that SSRI's are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. No clinical was submitted for review to support the request.

request for Escitalopram 20mg bid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors Page(s): 107.

Decision rationale: The request for Escitalopram 20 mg bid #60 is not medically necessary. California MTUS guidelines indicate that SSRI's are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. No clinical was submitted for review to support the request.