

Case Number:	CM13-0025194		
Date Assigned:	09/03/2014	Date of Injury:	12/11/2008
Decision Date:	09/30/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/17/2013

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 Emergency Medicine and is licensed to practice in Texas. 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 is a 57-year-old who reported an injury on 12/11/2008. The mechanism of injury was while pulling a chunk of ice from a refrigerator. The diagnoses included reactive depression, unspecified disorder of anatomic nervous system, traumatic degenerative arthritis of carpometacarpal joint of thumb, rupture of radial collateral ligament of thumb. Previous treatments included medication, acupuncture, and physical therapy. Diagnostic testing included x-rays. Within the clinical note dated 06/06/2014, it was reported the injured worker was noted to be very helpless/hopeless. Her pain was rated 9/10 in severity. She reported her pain lasts all day long. The injured worker complained of hand and arm aching daily. The provider noted the injured worker was reserved but engaging with encouragement. The provider noted the injured worker has marked depression. The injured worker had reduced daily function. The request submitted is for Saphris, Klonopin, Ambien, Savella. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saphris 5mg#60: 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 & stress, Atypical antipsychotics.

Decision rationale: The request for Saphris 5 mg #60 is not medically necessary. The Official Disability Guidelines do not recommended antipsychotic therapy as a first line treatment. There is insufficient evidence to recommended atypical antipsychotics for conditions covered by the Official Disability Guidelines. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication.

Klonopin 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

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

Decision rationale: The California MTUS Guidelines do not recommended Klonopin for long term use due to its long term efficacy being unproven and there is risk of dependence. The guidelines recommended the limited use of Klonopin for 4 weeks. The injured worker has been utilizing medication for an extended period of time, since at least 04/2013 which exceeds the guidelines recommendation of short term use of 4 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request for Klonopin 0.5 mg #60 is not medically necessary.

Ambien CR 12.5 #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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem.

Decision rationale: The request for Ambien CR 12.5 mg #30 is not medically necessary. The Official Disability Guidelines note zolpidem is a prescription short acting non-benzodiazepine hypnotic, which was approved for short term, usually 2 to 6 weeks treatment for insomnia. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication.

SAVELLA 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MILNACIPRAN (IXEL) Page(s): 62-63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Therefore, the request for Savella 50 mg #60 is not medically necessary.