MAXIMUS Federal Services

Case Number:	CM13-0045262		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2007
Decision Date:	06/09/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/23/2013

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 Psychiatry 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 patient has filed a claim for major depressive disorder and generalized anxiety disorder associated with an industrial injury date of November 2, 2007. Treatment to date has included medications, facet blocks, and behavioral therapy. Medical records from 2013 were reviewed showing the patient reporting improved mood and decreased levels of depression with group psychotherapy and medications. The patient experiences pain which interferes with her engagement in her activities of daily living. On examination, the patient is noted to be restless and in a sad and anxious mood. Utilization review from October 4, 2013 denied the request for Klonopin due to lack of objective evidence of improvement in anxiety. Prilosec was denied due to no evidence of gastritis in the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROPECTIVE REQUEST FOR KLONAPIN 0.5 MG, #30: Upheld

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

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

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, the patient has a diagnosis of generalized anxiety disorder. It would seem that the patient has been using Klonopin for quite some time. However, the documentation did not clearly describe the effects of Klonopin on the patient's anxiety; no discussion of functional gains. In addition, the date of service is unclear. Therefore, the request for Klonopin 0.5mg #30 is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR PRILOSEC 20 MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs), Page(s): 68.

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has been using Prilosec but the documentation did not contain any progress notes which mentioned the first or earliest use of Prilosec. The most recent progress note does not describe any GI complaints from the patient. Therefore, the request for Prilosec 20mg #30 is not medically necessary and appropriate.