

Case Number:	CM13-0059473		
Date Assigned:	12/30/2013	Date of Injury:	05/15/2010
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports 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 patient is a 29-year-old male who reported an injury on 05/15/2010. The mechanism of injury was not specifically stated. The patient is diagnosed with major depressive disorder. The patient was seen by [REDACTED] on 12/19/2013. The patient reported depressive symptoms as well as headaches and restless leg syndrome. The patient also reported insomnia and irritability. Mental status examination revealed poor eye contact, depressed mood, constricted affect, and fair cognition. Treatment recommendations included prescriptions for Cymbalta, Wellbutrin XL, trazodone, and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 0.5MG #60:

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

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, the patient has continuously utilized this medication. Despite

ongoing use, there is no evidence of functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

LATUDA 40MG: 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) Mental Illness & Stress Chapter, Atypical Antipsychotics

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 Chapter, Atypical Antipsychotics

Decision rationale: Official Disability Guidelines state atypical antipsychotics are not recommended as a first line treatment. The patient's diagnosis is major depressive disorder. The medical necessity for this requested medication has not been established. Furthermore, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent symptoms. Based on the clinical information received, the request is non-certified.