

<b>Case Number:</b>	CM14-0013065		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/01/2014

### 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 Family Medicine 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:

This is a 59 -year-old female who reported an industrial injury on 7/23/2012, over two years ago, attributed to the performance of her customary work tasks. The patient was diagnosed with a major depressive disorder, single episode, and insomnia. The patient was prescribed and dispensed Fluoxetine 60 mg #30 with four refills; Klonopin 0.5 mg #60 with four refills; and trazodone 50 mg #30 with four refills. The treating physician requested retrospective authorization for the prescribed medications. The medical records failed to provide a mental status examination and objective findings consistent with the diagnoses. There was no assessment for the functional improvement based on the prescribed medications and the prescription of for refills did not allow for appropriate assessment for functional improvement. The patient was being treated for ongoing depression and chronic pain. The medical records provided were handwritten partially legible with incomplete documentation. A request for additional information received no response.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROACTIVE KLONOPIN 0.5MG BY MOUTH 2 TIMES DAY AS NEEDED FOR ANXIETY #60 X4 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 chapter-benzodiazepines.

**Decision rationale:** KLONOPIN (Clonazepam) prescribed for anxiety two (2) years after the DOI for the cited industrial injury is not demonstrated to be medically necessary. The provider as prescribing Clonazepam as an adjunct in the treatment of chronic pain; however, he is prescribing it q hs as a sleep aide and for anxiety which is inconsistent with the recommendations of the CA MTUS and the Official Disability Guidelines. There is no demonstrated medical necessity for the prescription of Klonopin for the treatment of reported chronic pain and generalized anxiety 2 years s/p DOI. Clonazepam is a benzodiazepine derivative with highly potent anticonvulsant, muscle relaxant, and anxiolytic properties. Clonazepam is sometimes used for refractory epilepsies; however, long-term prophylactic treatment of epilepsy has considerable limitations, the most notable ones being the loss of antiepileptic effects due to tolerance, which renders the drug useless with long-term use, and side-effects such as sedation, which is why clonazepam and benzodiazepines as a class should, in general, be prescribed only for the acute management of epilepsies. Clonazepam or diazepam has been found to be effective in the acute control of nonconvulsive status epilepticus. However, the benefits tended to be transient in many of the patients, and the addition of phenytoin for lasting control was required in these patients. Clonazepam has shown itself to be highly effective as a short-term (3 weeks) adjunct to SSRI treatment in obsessive-compulsive disorder and clinical depression in reducing SSRI side-effects with the combination being superior to SSRI treatment alone. The provider has used this medication for anxiety that is not demonstrated to have a nexus to the cited mechanism of injury and benzodiazepines are not recommended for use by the applicable evidence based guidelines. The use of Klonopin q hs for the treatment of insomnia or anxiety is not recommended by the applicable evidence based guidelines. There was no clinical documentation provided to support the medical necessity of the prescribed Klonopin. Prescription for four refills was excessive without an analysis of functional improvement between refills. There was no rationale supported by objective evidence to support medical necessity.

**RETROACTIVE TRAZODONE 50MG BY MOUTH AT HOUR OF SLEEP AS NEEDED FOR SLEEP #30 4 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRI, tricyclic antidepressants Page(s): 107, 15.

**Decision rationale:** The prescription of the antidepressant Trazodone 50 mg for the treatment of reported chronic pain or insomnia is consistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The Official Disability Guidelines recommend the use of Trazodone as a first line treatment for chronic pain with sleep issues/insomnia. The patient was reported to be prescribed a tricyclic like medication although it is not clear why Elavil or nortriptyline was not prescribed over the trazodone for insomnia without first trying the readily available OTC sleep remedies. There is no mental status

examination or demonstrated objective findings of depression documented. There is no documented insomnia or trial of OTC medications to remedy issues. The trazodone is prescribed routinely without demonstrated medical necessity or a rationale to support medical necessity. There is no demonstrated medical necessity for the prescription of Trazodone as a sleeping agent or antidepressant. There was no documented failure of OTC medications. There is no documented persistent depression or insomnia for which OTC medications would not be appropriate or effective. The treating physician does not provide any rationale to support the medical necessity of Trazodone for insomnia or documented the treatment of insomnia to date. The patient is being prescribed the Trazodone for insomnia without any attempt to use the multiple sleep aids available OTC. There is no provided subjective or objective evidence to support the use of Trazodone on an industrial basis for this patient. There is no documentation of alternatives other than Trazodone has provided for insomnia or that the patient actually requires sleeping pills. The patient is not documented with objective evidence to have insomnia or a sleep disorder at this point in time or that conservative treatment is not appropriate for treatment. There is no evidence that diet and exercise have failed for the treatment of sleep issues. There is no evidence that sleep hygiene, diet and exercise have failed for the treatment of sleep issues. There is no demonstrated failure of the multiple sleep aids available OTC. There is no medical necessity for a hypnotic/antidepressant agent for sleep over the available OTC sleep remedies. The prescription for four refills for trazodone was excessive as there was no assessment for functional improvement in between the refills.

**RETROACTIVE FLUOXETINE 60MG BY MOUTH EVERY MORNING #30 X4**

**REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs, tricyclic antidepressants Page(s): 107, 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- antidepressants for chronic pain; Fluoxetine.

**Decision rationale:** The patient is being treated for anxiety and depression, which has been ongoing with Prozac (fluoxetine); however, there is no provided nexus with the industrial injury for the stated depression other than the issues of chronic pain. The use of fluoxetine is not demonstrated to be medically necessary for the treatment of depression as an effect of the industrial injury. There is no objective evidence to support the medical necessity of the prescribed antidepressants. There is no clinical documentation of efficacy or any functional improvement with the use of the dispensed antidepressants. There is no mental status assessment or review for the efficacy of the prescribed Prozac. The use of the antidepressant is consistent with the treatment of chronic pain; however, the patient has very few objective findings documented in his extensive medical records to support ongoing pain issues related to chronic pain. The patient has no specific etiology of the perceived chronic pain issues related to depression. The depression is not clearly demonstrated to be the result of chronic pain or the ongoing treatment of chronic pain. There are no functional assessments of the stated depression and anxiety to demonstrate functional improvement with Prozac. The use of the medication is not demonstrated to lead to functional improvement in the provided medical records. There is no

documented functional improvement attributed to the prescription of Prozac (Fluoxetine). There is no demonstrated medical necessity for the continued dispensing of fluoxetine for this patient. The prescription of for refills is excessive and does not allow for functional assessments and between the requested refills. There was no demonstrated trial with TCAs prior to the use of SSRIs.