

Case Number:	CM14-0018780		
Date Assigned:	02/21/2014	Date of Injury:	11/26/2001
Decision Date:	08/04/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/14/2014

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 Occupational 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 50-year-old female with a 11/26/01 date of injury. The mechanism of injury was not noted. In a progress note dated 12/31/13, the patient complained of increased pain in thoracic spine and lumbar spine secondary to a fall. She complained of increased weakness in her left leg. The objective findings included spinal vertebral tenderness, lumbar myofascial tenderness and cervical myofascial tenderness noted on palpation, slight decrease in motor strength in the left lower extremity. The diagnostic impression included lumbar radiculopathy, osteoarthritis, chronic pain syndrome, fibromyalgia, depression, anxiety. The treatment to date includes medication management, activity modification. The request for Fluoxetine was denied due to lack of documentation including subjective and/or functional benefit as a result of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLORAZEPATE 7.5 MG, #60: Upheld

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: The CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In the reports reviewed, it is documented that the patient is also taking opiates, Norco and Percocet. The combined use of an opiate and a benzodiazepine can increase the risk of side effects, such as sedation. There is no documentation that the provider has addressed the recommendations for weaning. Furthermore, the patient has been on Clorazepate since at least 1/10/13, if not earlier. A specific rationale identifying why Clorazepate would be required in this patient despite lack of guideline support was not identified. Therefore, the request for Clorazepate 7.5 mg #60 was not medically necessary.

CYCLOBENZAPRINE 7.5 MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. It is documented in a 12/31/13 that the patient had increased pain due to a fall. However this request for Cyclobenzaprine seems to be a refill for an ongoing medication, not for an acute exacerbation of the patient's pain. According to the reports reviewed, the patient has been on Cyclobenzaprine since at least 1/10/13, if not earlier. There is no documentation that the provider has addressed the recommendations for weaning. Therefore, the request for Cyclobenzaprine 7.5 mg #30 was not medically necessary.

FLUOXETINE 20 MG, #30: Overturned

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) Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address this issue. The ODG states that Prozac is recommended as a first-line treatment option for major depressive disorder. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. SSRI's are also recommended

as a first-line choice for the treatment of Post-traumatic stress disorder (PTSD). The patient has been on Fluoxetine since as at least 1/10/13, if not earlier. This patient has a known diagnosis of depression and anxiety, and guidelines consider Fluoxetine a first-line agent in the treatment of depression. Therefore, the request for Fluoxetine 20 mg #30 was medically necessary.