MAXIMUS Federal Services

Case Number:	CM14-0131296		
Date Assigned:	08/20/2014	Date of Injury:	05/25/2005
Decision Date:	09/23/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine and Rehabilitation 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 62 year old male who reported an injury on 05/25/2005; the mechanism of injury was cumulative trauma. Diagnoses included anxiety and insomnia. Past treatments included steroid injections and physical therapy. Past diagnostic studies included x-ray and MRIs. Surgical history included two hip replacements, two shoulder rotator cuff repairs, bilateral carpal tunnel repair, and bilateral tendonitis repair. The clinical noted dated 07/22/2014 indicated the injured worker complained of chronic pain to the bilateral shoulders and hips, as well as right foot pain. The clinical note dated 07/08/2014 indicated the injured worker reported he was at times easily irritated. The injured worker reported he was sleeping well and had good concentration. The clinical note dated 04/21/2014 indicated the injured worker was not sleeping well. Exam findings reported the injured worker had a Beck Depression Inventory score of 32 and the Beck Anxiety Inventory score "suggested likelihood of anxiety". Medications included klonopin 0.5 mg, restoril 30 mg, Norco 10/325 mg, Cymbalta 60 mg and indomethacin 25 mg. The treatment plan included Restoril 30 mg and Klonopin 0.5 mg. Klonopin was being requested for the treatment of anxiety and restoril was requested for the treatment of insomnia. The request for authorization form was submitted on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #20 with 1 refill: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic effects, and tolerance to these effects develops rapidly. The injured worker has a history of anxiety and insomnia. The documentation provided indicated the injured worker, at times, still had difficulty sleeping. The injured worker has been prescribed Restoril since at least 04/21/2014. The continued use of Restoril would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request is found to be not medically necessary.

Klonopin 0.5mg #45 with 1 refill: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The guidelines state that a more appropriate treatment for anxiety is an antidepressant. Klonopin is classified as a benzodiazepine. The injured worker has a history of anxiety and insomnia. The injured worker has been prescribed Klonopin since at least 04/21/2014. The continued use of Klonopin would exceed the guideline recommendation for a short course of treatment. There is a lack of documentation indicating the injured worker has significant objective improvement with the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. The MTUS Chronic Pain Guidelines note benzodiazepines are not recommended for the treatment of anxiety. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request is found to be not medically necessary.