

Case Number:	CM14-0175712		
Date Assigned:	10/28/2014	Date of Injury:	12/10/2012
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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:

The applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of December 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; antidepressant medications; earlier lumbar fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 15, 2014, the claims administrator partially approved as conditionally approved request for clonazepam (Klonopin) and sertraline (Zoloft). The applicant's attorney subsequently appealed. In a May 28, 2014, progress note, the applicant reported ongoing complaints of low back pain, stiffness, depression, anxiety, moodiness and anger issues. The applicant was reportedly using Klonopin 2 mg 4 times daily and Zoloft. The attending provider placed the applicant off of work, on total temporary disability, but suggested that the applicant nevertheless continue Klonopin and Zoloft. It was stated that the applicant had successfully tapered off of opioids. The applicant was having difficulty sleeping at night, it was further noted. In a progress note dated August 20, 2014, the applicant reported ongoing complaints of low back pain with ancillary complaints of gastrointestinal system. The applicant had issues with nervousness, anxiety, and depression as noted in the review of systems section of the note. The attending provider stated that Zoloft (sertraline) had diminished the applicant's overall complaints of anxiety, anger and depression. The applicant was asked to continue Klonopin 2 mg at a rate of two tablets twice daily. The applicant was asked to remain off of work, on total temporary disability, and try to perform exercises in a gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 102.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic medications such as Clonazepam may be appropriate for "brief periods" in cases of overwhelming symptoms, in this case, however, it appears that the applicant and/or attending provider is intent on using Clonazepam for chronic, long-term and/or scheduled use proposes for anxiolytic effect. This is not an ACOEM-endorsed role for Clonazepam. The applicant has been using the same for what appears to be a span of several months to several years. Therefore, the request is not medically necessary.

Sertraline 100mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Sertraline "may be helpful" to alleviate symptoms of depression. In this case, the attending provider has posited that ongoing usage of Sertraline (Zoloft) has attenuated the applicant's symptoms of depression, anxiety, mood swings, and anxiety. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.