

Case Number:	CM14-0184103		
Date Assigned:	11/12/2014	Date of Injury:	05/30/2012
Decision Date:	12/18/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/05/2014

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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on May 30, 2012. He had a C5-C6 hemilaminectomy and microdiscectomy on July 10, 2012. He had an anterior cervical discectomy and fusion at C5-C6 on April 8, 2013. He continues to have neck pain radiating into the upper extremity. His diagnoses include major depression, agoraphobia with panic attacks, pain disorder associated with both psychological factors and a general medical condition. According to the primary treating physicians progress report of September 25, 2014 he was taking Zyprexa that he felt was stabilizing his mood and was taking Klonopin that he felt was helping with his anxiety. He was continuing psychotherapy. Request for authorization was made for inpatient detoxification, Clonazepam 1mg 1 every am and 1/2 every night and for Olanzapine 5 mg every night for diagnosis of major depression, agoraphobia and panic disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient detoxification: Upheld

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

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

Decision rationale: According to the MTUS, detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. It may be necessary due to the following: 1) intolerable side effects, 2) lack of response, 3) aberrant drug behaviors as related to abuse and dependence, 4) refractory comorbid psychiatric illness, or 5) lack of functional improvement. The medical record does not provide the indication for detoxification or specifically why inpatient instead of outpatient detoxification was necessary. Furthermore, review of the medical record indicates that this worker had not been taking these medications even as recently as September 19, 2014 according to psychology reports of August 15, 2014 and September 19, 2014. In the visit notes for those dates it states he was not taking any oral medications. The request is not medically necessary.

Clonazepam 1mg AM 1/2 HS: Upheld

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

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

Decision rationale: Clonazepam is a benzodiazepine. According to the MTUS benzodiazepines 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. Long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The request is not medically necessary.