

<b>Case Number:</b>	CM14-0020085		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 patient is a 50-year-old female who sustained an injury on 1/12/10 as a result of tripping out of an elevator that was not even with the floor. In a medical report dated 9/7/13, the patient reported that she had anxiety and headaches and feels overwhelmed. In a progress note dated 4/22/13, the subjective impression is that her medication help with sleep, she feels depressed and tired, she is easily frustrated and has difficulty concentrating. She reports that her emotions are up and down. Objectively, she was alert and oriented, she is sad and has an anxious mood, she has little energy and looks tired, she is despondent and has a dysphoric mood. Additionally, in a progress note dated 3/11/13, the patient complains of being sad and anxious and having sleep difficulties, she is irritable and feels worthless and useless. She states that her mood remains stable with medications. Treatment to date: Medication management, psychotherapy, work restriction. A UR decision dated 1/13/14 denied the request for fluoxetine stating the most recent medical report did not provide an objective assessment of the patient's psychological condition to demonstrate the presence of clinical depression that may benefit from the requested medication. The request for trazodone 50 mg #30 was denied because the most recent report did not indicate that the patient has significant sleeping problems to necessitate its use. Response to prior intake was not documented as well. The request for Klonopin was denied because an objective evaluation of the patient's psychological condition was not presented in the most recent report to demonstrate that the patient has a clinically significant condition necessitating medication treatment. In addition, response to past use was not documented. The referenced guidelines also state that benzodiazepines are not recommended for long-term use. The duration for which the patient has been taking Klonopin is unknown.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAZODONE 50 MG #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

**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:** CA MTUS does not address this issue. The Official Disability Guidelines (ODG) recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. However in a report dated 3/11/13, the patient reports having sleep difficulties, along with feeling sad and anxious. In a progress note dated 4/22/13, the patient reports that her medication helps with sleep. The guidelines support the use of trazodone in the setting of insomnia and depression. Therefore, the request for trazodone 50mg #30 was medically necessary.

**FLUOXETINE 80 MG #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

**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:** CA MTUS does not address this issue. The Official Disability Guidelines (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). In a treatment note dated 4/22/13, the patient stated she felt depressed and tired, and she seems sad, despondent, and presents with a depressed mood. In a March 11, 2013, the patient presents to be sad and anxious. Fluoxetine is a first-line option in patients with depression. Therefore, the request for Fluoxetine 80 mg #30 was medically necessary.

**KLONOPIN 0.5 MG #60:** 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 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. There is no documentation in the progress notes as to how long the patient has been on Klonopin and no indication as to the duration the Klonopin is intended for. It is stated that the patient is stable on her current medications; however, there is also no indication as to when the Klonopin was initiated. Chronic benzodiazepines are the treatment of choice in very few conditions and long-term use may actually increase anxiety. Therefore, the request for Klonopin 0.5 mg #60 was not medically necessary.