

Case Number:	CM14-0094183		
Date Assigned:	09/22/2014	Date of Injury:	08/03/2008
Decision Date:	10/27/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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 a represented [REDACTED] employee who has filed a claim for major depressive disorder, anxiety disorder, and knee pain reportedly associated with an industrial injury of August 3, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; trigger point injections; and earlier knee surgery. In a Utilization Review Report dated May 28, 2014, the claims administrator denied a request for Klonopin and Cymbalta, stating that the attending provider and/or applicant had failed to demonstrate evidence of improvement with the same. The applicant's attorney subsequently appealed. In a September 12, 2013 progress note, the applicant was asked to continue Cymbalta, Klonopin, and emotional support. The attending provider stated that the applicant reported 9/10 multifocal knee, back, and neck pain complaints. The attending provider stated that the applicant was in pain and grimacing. The attending provider suggested that the medications in question were preventing the applicant from deteriorating and/or decompensating in light of her heightened pain complaints. Somewhat incongruously, then, the attending provider then placed the applicant off of work, on total temporary disability, from a mental health perspective. On October 10, 2013, the applicant was again described as reporting 8/10 multifocal pain complaints. The applicant was again placed off of work, on total temporary disability, from a mental health perspective. The applicant was using Risperdal, Cymbalta, Lyrica, and Klonopin, it was noted at this point. On August 19, 2014, it was stated that the applicant reported worsening acid reflux, irritable bowel syndrome, abdominal pain, nausea, and diarrhea. The applicant was status post knee surgery, it was noted. Hydrochlorothiazide, Lopressor, Dexilant, gemfibrozil, Diovan, Sentra, aspirin, and Gaviscon were endorsed. On September 9, 2014, the applicant presented with persistent complaints of neck and low back

pain. The applicant had apparently received both active therapy and passive chiropractic manipulative therapy, it was noted. A variety of passive treatments were performed in the clinic, including infra red therapy, manipulative therapy, and electrostimulation. The applicant's work status was not provided. In a psychiatric note dated June 19, 2014, the claimant reported persistent complaints of depression and generalized anxiety disorder, reportedly worsened by the applicant's continued struggle with chronic pain complaints. 8/10 pain was noted. The attending provider complained that previous utilization reviewers had failed to properly identify themselves. The applicant was described as still dysphoric, sad, and moderately anxious. It was stated that the applicant's medications continued to contain her dysphoria. Cymbalta and Klonopin were continued. The attending provider again stated that the applicant was constantly worried and frustrated by her condition. There was no explicit discussion of medication efficacy, although the attending provider stated that the applicant could potentially decompensate were the medications in question denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE USAGE OF KONOPIN 0.5MG #60 **SEE REPORT:** Upheld

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

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the applicant has been using Klonopin, a benzodiazepine anxiolytic, for what appears to be a span of several months to several years. There was no mention of any acute decompensation in mental health issues or panic attacks which would support short-term usage of Klonopin. Furthermore, the 60-tablet supply of Klonopin being sought suggests a chronic, long-term, and daily usage of the same. This is not an ACOEM-endorsed role for Klonopin, an anxiolytic medication. Therefore, the request is not medically necessary.

PROSPECTIVE USAGE OF KLONOPIN 1MG #30 **SEE REPORT:** Upheld

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

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms, so as to afford an applicant with the ability to recoup emotional or

physical resources, in this case, however, the attending provider and/or applicant are seemingly intent on employing Klonopin for chronic, long-term, and daily-use purposes, as is implied via the 30-tablet supply of Klonopin 1 mg sought in conjunction with 60-tablet supply of Klonopin 0.5 mg. The applicant, moreover, appears to have been using Klonopin for a span of several months to several years. This is not an ACOEM-endorsed role for Klonopin, an anxiolytic medication. Therefore, the request is not medically necessary.

PROSPECTIVE USAGE OF CYMBALTA 60MG #30 **SEE REPORT:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS AND STRESS

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge it often takes "weeks" for antidepressants to exert their maximal effect, in this case, however, the applicant has been using Cymbalta, an antidepressant medication, for what appears to be a span of several months to several years. There has been no clear discussion of medication efficacy. The attending provider continues to state that the applicant would decompensate were Cymbalta denied but has failed to outline any tangible or material improvements in mood or function achieved as a result of the same. The applicant is consistently described as dysphoric, exhibiting a flat affect, exhibiting grimacing behavior, and/or exhibiting moderately anxious on several psychiatry office visits, referenced above. The applicant continues to remain off of work, on total temporary disability, despite ongoing usage of Cymbalta. The applicant, in short, has failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Cymbalta for what appears to be a span of several months to several years. Therefore, the request is not medically necessary.

PROSPECTIVE USAGE OF CYMBALTA 20MG #30 **SEE REPORT:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS AND STRESS

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as Cymbalta to exert their maximal effect, in this case, however, the applicant appears to have been using Cymbalta, an antidepressant medication, for what appears to be a span of several months to several years. There has been no clear demonstration of functional improvement through ongoing usage of the same. The applicant remains off of work, on total temporary disability, from a mental health perspective. Significant complaints of dysphoria, anxiety, flattened affect, etc., seemingly persist

from visit to visit. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta. Therefore, the request is not medically necessary.