

Case Number:	CM14-0096711		
Date Assigned:	07/25/2014	Date of Injury:	09/17/2007
Decision Date:	08/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/10/2014

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 Preventive 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:

According to the records made available for review, this is a 42-year-old male with a 9/17/07 date of injury. On 5/14/14, a request for authorization for Elavil 10mg quantity 60 refills times 3, Klonopin 0.5mg quantity 60 refills times 3, and Prozac 20mg quantity 30 refills times 3 with documentation of subjective findings of still suffering with pain in his arm as usual and objective findings of mood stable, affect bright, less anxious, less overwhelmed, and no suicidal ideation. The current diagnosis of major depressive disorder from single, moderate and post-traumatic stress disorder, improved. The treatment to date with medications, including ongoing treatment with Elavil, Klonopin, and Prozac since at least 9/23/13 show no documentation of short-term treatment and functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance and/or a reduction in the use of medications as a result of their use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 10mg quantity 60 refills times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies tricyclic's antidepressants as first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of major depressive disorder, single, moderate and post-traumatic stress disorder, improved. As well as documentation of chronic pain. There is not any documentation of ongoing treatment with Elavil as well as no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Elavil use to date. Therefore, based on guidelines and a review of the evidence, the request for Elavil 10mg quantity 60 refills with 3 is not medically necessary.

Klonopin 0.5mg quantity 60 refills times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term use and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of major depressive disorder, single, moderate and post-traumatic stress disorder, improved. However, given documentation of records reflecting prescriptions for Klonopin since at least 9/23/13, there is no documentation of short-term (less than 4 weeks) treatment, no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Klonopin use to date. Therefore, based on guidelines and a review of the evidence, the request for Klonopin 0.5mg quantity 60 refills times 3 is not medically necessary.

Prozac 20mg quantity 30 refills times 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnosis of major depressive disorder, single, moderate and post-traumatic stress disorder, improved. In addition, there is documentation of chronic pain and depression. However, given documentation of ongoing treatment with Prozac, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Prozac use to date. Therefore, based on guidelines and a review of the evidence, the request for Prozac 20mg quantity 30 refills times 3 is not medically necessary.