

Case Number:	CM14-0006420		
Date Assigned:	02/07/2014	Date of Injury:	04/21/2009
Decision Date:	12/04/2015	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 58 year old female with an industrial injury dated 04-21-2009. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder and anxiety. Medical records (10-31-2013) indicate objective findings and subjective complaints of headaches, fatigue, anxiety, depression, feeling overwhelmed, confusion, poor attention, memory problems, poor concentration and withdrawal. In a progress report dated 11-12-2013, mental status exam revealed apprehension and anxiety. The injured worker denied any thoughts about hurting self or others and currently had fair impulse control. Treatment has included prescribed medications (including Prozac and Clonazepam since at least 2012), psychotherapy, and periodic follow up visits. The injured worker remains permanent and stationary. The treatment plan included medication management, emotional support and reevaluation. The treating physician prescribed Prozac 60 mg and Clonazepam 1mg. The utilization review dated 12-19-2013, modified the request for Prozac 60mg (up to 30 tablets) and Clonazepam 1mg (up to 25 tablets).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 60MG: Upheld

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Prozac (Fluoxetine), a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression; however, the patient has been prescribed Prozac since at least 2012 without remarkable clinical findings, acute change or red-flag conditions for this chronic 2009 injury. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs or psychological treatment and therapy. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Prozac 60MG is not medically necessary and appropriate.

Clonazepam 1MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Clonazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Clonazepam is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Clonazepam's continued use for the chronic P&S 2009 injury nor is there documented functional efficacy from treatment already rendered with continued symptoms of depression and anxiety. Clonazepam is not medically necessary and appropriate.