

Case Number:	CM15-0004343		
Date Assigned:	01/15/2015	Date of Injury:	08/04/2010
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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: Illinois

Certification(s)/Specialty: Psychiatry

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 48-year-old male who reported injury on 08/04/2010. The injured worker's diagnosis was major depressive disorder, recurrent episode. The mechanism of injury was not provided. The injured worker's current medications included Seroquel 100 mg in the morning, Wellbutrin XL 150 mg by mouth daily, amitriptyline 50 mg at bedtime, Gralise 600 mg 3 times a day, tramadol ER, and celecoxib 200 mg, as needed, as well as topical medication of capsaicin/menthol/methyl salicylate. Other therapies included an epidural steroid injection. The injured worker underwent an MRI of the lumbar spine and a urine toxicology screen on 10/21/2014. Prior treatments included a back brace, TENS unit, home exercise program, Terocin cream, Savella, and Medrox. The most recent documentation was from 10/21/2014. This documentation was from the primary care physician. The documentation of 08/14/2014 was from the psychiatrist that was taking care of the injured worker. The documentation indicated the injured worker came in for a regular psychiatric followup. The injured worker was noted to be under the influence of marijuana. The injured worker indicated he was feeling more anxious at times. The physician continued the injured worker on Fetzima 40 mg 1 by mouth daily for depression, Klonopin 0.5 mg up to 2 times a day for anxiety #45, and Seroquel XR was included to 200 mg at night for sleep and mood stabilization. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 11/21/14)

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The objective functional benefit was not noted. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Klonopin 0.5 mg #45 is not medically necessary.