

Case Number:	CM15-0009763		
Date Assigned:	01/27/2015	Date of Injury:	12/11/2001
Decision Date:	03/25/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/16/2015

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: California, Arizona, Maryland
 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 45 year old male, who sustained an industrial injury on 12/11/01. He has reported back and right knee injury. The diagnoses have included status post posterior lumbar interbody fusion, L4-5 and L5-S1, failed low back syndrome with possible segmental instability at L3-4, blurred vision, sexual dysfunction, cervical disc lesions, headaches, right knee internal derangement, right inguinal hernia and status post lumbar EFSI times 2 and major depressive disorder. Treatment to date has included lumbar interbody fusion L4-5 and L5-S1, hardware removal, pain management, medications and home health services. Currently, the injured worker complains of right ankle swelling and tibia with pain in low back with burning sensation from low back to right lower extremity. On exam dated 12/10/14 tenderness was noted over paraspinal musculature with paraspinal spasms, bilateral facet joint tenderness and limited range of motion. On 1/10/15 Utilization Review submitted modified certification for Klonopin 1mg # 90 modified to Klonopin 1mg #20 1 prescription, noting the injured worker has been taking this medication chronically, far exceeding guideline recommendations, modified certification is for weaning and 6 monthly psychotropic medication management sessions modified to 1 psychotropic medication management session, noting a medication management program is appropriate for monitoring the injured worker and further sessions can be based on medical necessity. The MTUS, ACOEM Guidelines, and ODG were cited. On 1/16/15, the injured worker submitted an application for IMR for review of Klonopin 1mg # 90 modified to Klonopin 1mg #20 1 prescription and 6 monthly psychotropic medication management sessions modified to 1 psychotropic medication management session.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Klonopin 1mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Klonopin 1 mg three times daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for 1 prescription of Klonopin 1mg #90 is excessive and not medically necessary as guidelines state that the use of benzodiazepines should be limited to 4 weeks. It is to be noted that the UR physician authorized 20 tablets of Klonopin for a taper.

6 monthly psychotropic medication management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (acute and chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Mental Illness & Stress Topic: Office visits

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "The request for 6 monthly psychotropic medication management sessions is excessive as there is no clinical rationale for the need for 6 office visits at this time. The injured worker is not on any medications that would

require close monitoring as once monthly visits. It is to be noted that the UR physician authorized 1 psychotropic medication management sessions.