

Case Number:	CM15-0141603		
Date Assigned:	08/06/2015	Date of Injury:	06/27/2011
Decision Date:	09/22/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/21/2015

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, Hawaii

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:

This 56 year old woman sustained an industrial injury on 6-27-2011 after a trip and fall. Medical attention was sought the following day. Evaluations include bilateral leg x-rays dated 6-28-2011, undated MRIs of the head, neck, and right knee, and CT myelogram of the neck. Diagnoses include adjustment disorder with chronic mixed anxiety and depressed mood. Treatment has included oral medications, use of crutches, surgical intervention, post-operative physical therapy, Synvisc injection, cortisone injections to the knee, cervical epidural steroid injection, occupational therapy, use of a cane, and right knee and left ankle braces. Physician notes from a comprehensive psychological evaluation dated 5-14-2015 show complaints of right knee pain, pain in the back of the neck, gastroesophageal reflux disease, disturbed sleeping pattern, and depression. Recommendations include psychological treatment including individual psychotherapy and psychopharmacological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the neck and right knee. The current request is for Klonopin 0.5mg #90. The requesting treating physician report dated 6/18/15 (30B) provides no rationale for the current request. MTUS page 24 states that 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. The medical reports provided show the patient has been taking Klonopin since at least 5/14/15 (120B). In this case, the current request for Klonopin is outside the 4 weeks recommended by the MTUS guidelines. The current request is not medically necessary.

Imitrex 100mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Head, Imitrex.

Decision rationale: The patient presents with pain affecting the neck and right knee. The current request is for Imitrex 100mg #12. The requesting treating physician report dated 6/18/15 (30B) provides no rationale for the current request. The MTUS guidelines do not address the usage of Imitrex. The ODG guidelines regarding Imitrex state, "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated." The medical reports provided show the patient has been taking Imitrex since at least 5/14/15 (120B). In this case, while the report dated 5/14/15 (111B) notes that the patient experiences "horrible headaches" since the industrial accident, there is no documentation in the medical reports provided that shows the patient suffers from migraines. Furthermore, the physician has failed to document any functional improvement with the use of Imitrex as required by the MTUS guidelines on page 60. The current request is not medically necessary.

Prozac 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The patient presents with pain affecting the neck and right knee. The current request is for Prozac 20mg #60. The requesting treating physician report dated 6/18/15 (30B) provides no rationale for the current request. The MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. It has

been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." The medical reports provided show the patient has been taking Prozac since at least 5/14/15 (120B). In this case, while the patient does suffer from neuropathic pain and depression, the physician has failed to document any functional improvement with the use of Prozac as required by the MTUS guidelines on page 60. The current request is not medically necessary.

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the neck and right knee. The current request is for Xanax 0.5mg #60. The requesting treating physician report dated 6/18/15 (30B) provides no rationale for the current request. MTUS page 24 states that 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. The medical reports provided show the patient has been taking Xanax since at least 5/14/15 (120B). In this case, the current request for Xanax is outside the 4 weeks recommended by the MTUS guidelines. The current request is not medically necessary.