

<b>Case Number:</b>	CM15-0192876		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is represented 50-year-old who has filed a claim for major depressive disorder (MDD), affective disorder, generalized anxiety disorder (GAD), and developmental reading disorder reportedly associated with an industrial injury of June 10, 2013. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve requests for Klonopin, Elavil, and Restoril. The claims administrator referenced a July 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 23, 2015, Zoloft, Restoril, Klonopin, BuSpar, and Fioricet were all seemingly renewed. The attending provider attached a highly templated September 28, 2015 office visit with the same. No seeming discussion of medication efficacy transpired, however. A separate progress note dated September 23, 2015 was thinly and sparsely developed, difficulty to follow, handwritten, not entirely legible, comprised almost entirely of preprinted checkboxes, and was notable for commentary that the applicant still had symptoms of pessimisms, diminished self esteem, weight gain, decreased energy levels, difficulty eating, difficulty staying asleep, restlessness, excessive worry, shortness of breath, and palpitations present, despite ongoing psychotropic medication consumption. The applicant's work status was not explicitly detailed, although it did not appear the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** No, the request for Klonopin, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the renewal request for 60 tablets of Klonopin represented a chronic, long-term, and/or twice daily usage, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

**Elavil 10 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** Similarly, the request for Elavil, a tricyclic anti-depressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that it often takes "weeks" for anti-depressants such as Elavil to exert their maximal effect, here, however, the applicant had seemingly been using Elavil for a minimum of several months prior to the date(s) in question. No seeming discussion of medication efficacy transpired on the handwritten September 23, 2015 office visit cited. The applicant's continued complaints of depression, anxiety, excessive worry, difficulty concentrating, headaches, tension, etc., however, suggested that ongoing usage of Elavil was not, in fact, generating appropriate improvements in mood and/or function needed to justify the continuation of the same. Therefore, the request was not medically necessary.

**Restoril 15 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Finally, the request for Restoril, a second benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Restoril may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, the 60-tablet renewal request for Restoril represented a chronic, long-term, and/or twice daily usage, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate benzodiazepine anxiolytics, Klonopin and Restoril. Therefore, the request was not medically necessary.