

Case Number:	CM15-0193747		
Date Assigned:	11/03/2015	Date of Injury:	05/30/2007
Decision Date:	12/14/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 46 year old male, who sustained an industrial injury on May 30, 2007. The injured worker was diagnosed as having chronic depression, major depression, generalized disorder, and sleep disorder. Treatment and diagnostic studies to date has included medication regimen, psychiatric treatment, at least 4 sessions of cognitive behavioral therapy, trigger point injection, psychotherapy, and home exercise program. In a progress note dated August 19, 2015 the treating physician reports complaints of ongoing chronic pain causing difficulty sleeping, anxiety, and depression. The treating psychiatrist noted on August 19, 2015 symptoms of worry, ruminative depression with symptoms at an increase in the evening along with insomnia and loss of appetite. Examination performed on August 19, 2015 was revealing for thought processes that were noted to be normal, associations to be within normal limits, thought content to be within normal limits with no hallucinations, delusions, suicidal ideations, or ruminations noted. The treating psychiatrist noted the injured worker to have a blunted affect with a depressed mood, but with good insight, intact judgment, intact memory, and attention span and concentration within normal limits. On August 19, 2015, the injured worker's current medication regimen included Seroquel (since at least prior to February 25, 2014), Klonopin (since at least January 13, 2011), Paxil, Wellbutrin, and Inderal. In the progress note from August 19, 2015 the treating psychiatrist noted that the injured worker's psychotropic medications "are helpful, indeed absolutely necessary to him, and he has no complaints of side effects", but the progress note did not indicate if the injured worker experienced any functional improvement with use of medication regimen. On August 19, 2015, the treating physician requested Seroquel 50mg with a

quantity of 30 and Klonopin 1mg with a quantity of 90 noting current use of these medications. On September 21, 2015, the Utilization Review determined the requests for Seroquel 50mg with a quantity of 30 and Klonopin 1mg with a quantity of 90 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, seroquel.

Decision rationale: The California MTUS and ACOEM do not specifically address the requested service. The Physician Desk Reference states the requested medication is indicated in the treatment of major depression. The patient has documented symptomatic major depression with no contraindications to the medication. Therefore, the request is medically necessary.

Klonopin 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason, the request is not medically necessary.