

<b>Case Number:</b>	CM15-0063346		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	08/29/1982
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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

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:

The injured worker is a male, who sustained an industrial injury on 8/29/1982. The mechanism of injury is not indicted. The injured worker was diagnosed as having chronic recurrent major depressive disorder. Treatment to date has included medications and cognitive behavioral therapy. The request is for Klonopin, Neurontin, Effexor XR, and Colace. On 1/14/2015, he complained of depression, feeling sad, anxious, fidgety, and no energy. He indicated he had trouble with concentration and making decisions. The treatment plan included: cognitive behavioral therapy, Neurontin, Klonopin, Effexor XR, Colace, and follow up in 3 months or as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Klonopin 1mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain-Anxiety Medications in Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain - chronic, Benzodiazepines.

**Decision rationale:** The patient presents with pain, anxiety and depression. The request is for retrospective Klonopin 1mg (quantity unspecified). The request for authorization is not provided. Patient is visibly distraught due to severity of pain. He continues to complain of feeling for a depressed and sad, very anxious, very fidgety, no energy level. He has trouble concentrating and making decisions. He feels nervous, cannot stop worrying and he feels afraid because something awful might happen. He is walking with a walker and is grimacing and crying due to the pain. He describes his mood as very depressed. Affect is restricted. He denies suicidal, homicidal ideation or psychotic symptoms. Patient's medications include Neurontin, Klonopin, Effexor and Colace. Per progress report dated 01/14/15, the patient is permanent and stationary. The ODG guidelines state the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Per progress report dated 01/14/15, provider's reason for the request is "when necessary for anxiety." The patient has been prescribed Klonopin since at least 10/15/14. However, provider does not document efficacy of this medication. Furthermore, MTUS and ODG guidelines do not support the long-term use of Klonopin, and the request for unspecified quantity of Klonopin does not indicate short-term use. Therefore, the request is not medically necessary.

**Retrospective Effexor extended release 150mg (quantity unspecified):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant medications Page(s): 13-15.

**Decision rationale:** The patient presents with pain, anxiety and depression. The request is for retrospective Effexor extended release 150mg (quantity unspecified). The request for authorization is not provided. Patient is visibly distraught due to severity of pain. He continues to complain of feeling for a depressed and sad, very anxious, very fidgety, no energy level. He has trouble concentrating and making decisions. He feels nervous, cannot stop worrying and he feels afraid because something awful might happen. He is walking with a walker and is grimacing and crying due to the pain. He describes his mood as very depressed. Affect is restricted. He denies suicidal, homicidal ideation or psychotic symptoms. Patient's medications include Neurontin, Klonopin, Effexor and Colace. Per progress report dated 01/14/15, the patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, under Venlafaxine -Effexor states: "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective-serotonin reuptake inhibitor class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches." Provider does not specifically discuss this medication. The patient has been prescribed Effexor since at least 10/15/14. In this case, given the patient's chronic pain, major depressive disorder, anxiety and depression the request for Effexor appears reasonable. Therefore, the request is medically necessary.

**Retrospective Colace 100mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/ppa/docusate.html](http://www.drugs.com/ppa/docusate.html)- Colace.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

**Decision rationale:** The patient presents with pain, anxiety and depression. The request is for retrospective Colace 100mg (quantity unspecified). The request for authorization is not provided. Patient is visibly distraught due to severity of pain. He continues to complain of feeling for a depressed and sad, very anxious, very fidgety, no energy level. He has trouble concentrating and making decisions. He feels nervous, cannot stop worrying and he feels afraid because something awful might happen. He is walking with a walker and is grimacing and crying due to the pain. He describes his mood as very depressed. Affect is restricted. He denies suicidal, homicidal ideation or psychotic symptoms. Patient's medications include Neurontin, Klonopin, Effexor and Colace. Per progress report dated 01/14/15, the patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, Under the heading: Therapeutic Trial of Opioids state that "Prophylactic treatment of constipation should be initiated." Per progress report dated 01/14/15, provider's reason for the request is "when necessary for constipation." MTUS Guidelines allows for prophylactic use of medication for constipation when opiates are taken. However, current list of medication prescribed to patient do not include any opiates. Therefore, the request is not medically necessary.

**Retrospective Neurontin 300mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs, Gabapentin Page(s): 18-19.

**Decision rationale:** The patient presents with pain, anxiety and depression. The request is for retrospective Neurontin 300mg (quantity unspecified). The request for authorization is not provided. Patient is visibly distraught due to severity of pain. He continues to complain of feeling for a depressed and sad, very anxious, very fidgety, no energy level. He has trouble concentrating and making decisions. He feels nervous, cannot stop worrying and he feels afraid because something awful might happen. He is walking with a walker and is grimacing and crying due to the pain. He describes his mood as very depressed. Affect is restricted. He denies suicidal, homicidal ideation or psychotic symptoms. Patient's medications include Neurontin, Klonopin, Effexor and Colace. Per progress report dated 01/14/15, the patient is permanent and stationary. MTUS has the following regarding Gabapentin on pages 18-19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." Provider does not specifically discuss this medication. The patient has been prescribed Neurontin since at least 10/15/14. The patient presents with severe chronic pain, a neuropathic condition for which Neurontin is indicated. However, the provider does not document efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60 for all chronic pain medications. Therefore, the request is not medically necessary.