

Case Number:	CM15-0081056		
Date Assigned:	05/01/2015	Date of Injury:	09/15/1989
Decision Date:	06/05/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

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: Arizona, California
 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 58 year old male, who sustained an industrial injury on 09/15/1989. A letter by the provider dated 03/25/2015 was the only documentation of treatment submitted for review. The provider noted that the injured worker had moderate depression and anxiety since the industrial injury. His family always brought him to office visits and interpreted for him. He answered some questions but his family gave most of the history regarding his symptoms. He continued to have a great deal of anxiety and depression in addition to physical symptoms. He slept poorly most of the time and had frequent nightmares. He ate poorly during the day after having had a good breakfast. Concentration and memory were poor and his activity and social life were limited. Current medications included Paroxetine, Cymbalta and Clonazepam. The medications gave him symptomatic relief but he continued to have symptoms. Currently under review is the request for Cymbalta, Clonazepam and Paroxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg once a day #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-14. Decision based on Non-MTUS Citation Duloxetine and pg 26.

Decision rationale: Cymbalta is an SNRI antidepressant. According to the guidelines, antidepressants are indicated for major depression and PTSD. The claimant had been under a psychiatrist's treatment for anxiety and depression for years. A current letter from 3/25/15 from the treating psychiatrist indicated the persistent symptoms and the need for Cymbalta. As a result, the continued use is medically necessary.

Clonazepam 1mg 1 tab bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 23.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case, the claimant had been on Clonazepam chronically but of unknown specific length of time. Long-term management is better performed with SSRIs and SNRIs for which the claimant had been on both classes of medications. The continued and long-term use of Clonazepam is not medically necessary.

Paroxetine 20mg once tablet bid #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation anti-depressants and pg 18.

Decision rationale: Paroxetine is an SSRI. According to the guidelines, SSRIs are indicated for major depression and PTSD. Although, the claimant had been on an SNRI (Cymbalta), the claimant had been under a psychiatrist's treatment for anxiety and depression for years. A current letter from 3/25/15 from the treating psychiatrist indicated the persistent symptoms and the need for Paroxetine. As a result, the continued use of Paroxetine is medically necessary.