

Case Number:	CM14-0149560		
Date Assigned:	09/18/2014	Date of Injury:	12/10/2012
Decision Date:	11/19/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in American Academy of Family Physicians and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50 year old male with a stated date of injury of 12/10/2012 whereby he injured his low back after a slip while at work. He has a pre-existing depressive disorder with anxiety which has been exacerbated since his injury. He continues to have low back pain with radicular symptoms despite 2 back surgeries. He additionally has symptoms concerning for sleep apnea and has had abdominal pain with rectal bleeding. The physical exam reveals tenderness at the lumbosacral junction, diminished lumbar range of motion, and a positive straight leg raise test on the right. His diagnoses include lumbar disc disease, sciatica, generalized anxiety disorder, panic disorder, and sleep disturbance. He has been maintained on Zoloft 100 mg a day and Clonazepam, 8 mg a day since at least 1-30-2014. A note from that day refers to weaning Clonazepam once the opioids have been weaned. The opioids appear to have been discontinued around June 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Sertraline 100mg: Overturned

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 Official Disability Guidelines (ODG), Mental illness and stress, Antidepressants-SSRI's versus tricyclics (class)

Decision rationale: There is some disagreement about the choice of first-line therapy between selective serotonin reuptake inhibitors (SSRI's), which include Prozac (fluoxetine), Zoloft, Paxil, and others, versus the older tricyclic antidepressants (TCA), such as amitriptyline, but most studies point to superior outcomes from the SSRI's. In all, 71.5% of depression trials reported significantly greater efficacy with antidepressants than placebo, but the lack of controlled head to head comparisons and other methodological design differences make cross trial comparisons difficult. tricyclic antidepressants appear to produce moderate symptom reductions for patients with chronic low back pain, but SSRI's do not appear to be beneficial for patients with chronic low back pain, and there is conflicting evidence whether antidepressants improve functional status of patients with chronic low back pain. Despite the relative low prevalence of side effects associated with SSRIs a significant minority of older people find these drugs intolerable and experience nausea, vomiting, dizziness and drowsiness. TCA related drugs are comparable to SSRIs in terms of tolerability and may offer an alternative when SSRIs are either contraindicated or clinically unacceptable. For panic disorder, tricyclic antidepressants and serotonin selective reuptake inhibitors are equal in efficacy and both are to be preferred to benzodiazepines. In this instance, the Zoloft appears to be used for depression, anxiety, and back pain. The continued use of Zoloft for several indications in this instance is supported by the guidelines and therefore 30 Tablets of Sertraline 100mg is medically necessary.

120 Tablets of Clonazepam 2mg: 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 Official Disability Guidelines (ODG), Pain, Benzodiazepines

Decision rationale: Per ODG, the use of benzodiazepines, like Clonazepam, in the context of the chronic pain patients- are not recommended for long-term use 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. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3-14 day). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. In this instance, the use of Clonazepam

appears to be chronic and high dose. Therefore, 120 Tablets of Clonazepam 2mg is not medically necessary under the above guidelines.