

<b>Case Number:</b>	CM14-0097636		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/16/2004
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 07/16/2004. The injured worker's diagnosis was noted to be Achilles tendinitis or bursitis. The injured worker had an evaluation on 05/08/2014. She had subjective complaints of left sided knee pain, right sided foot and ankle pain. The objective physical exam findings were a well healed incision noted over the operative site. There was loss of motor strength over the right ankle and left knee was noted to be graded 4/5 with decreased range of motion as well. The treatment plan includes a recommendation for 10 weeks of Lindora and 12 sessions of physical therapy. The provider's rationale for the request was not provided within the documentation. A Request for Authorization form was not provided with this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin .5mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for Klonopin 0.5 mg quantity 30 is non-certified. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long term use, because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsants and muscle relaxant. The clinical documentation submitted for review fails to provide an adequate assessment. The provider's request fails to indicate a dosage frequency. As such, the request for Klonopin 0.5 mg quantity 30 is non-certified.

**Celexa 40mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation The Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** The request for Celexa 40 mg quantity 30 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend selective serotonin reuptake inhibitors as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors, a class of antidepressants that inhibits serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. The documentation supplied for review fails to indicate a secondary depression diagnosis. The injured worker is noted to have pain. However, the guidelines do not recommend SSRIs for chronic pain. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Celexa 40 mg quantity 30 is non-certified.