

Case Number:	CM14-0215785		
Date Assigned:	01/05/2015	Date of Injury:	08/03/2008
Decision Date:	03/04/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old female whose date of injury is 08/03/2008. Diagnoses include cervical radiculopathy, lumbar and cervical degenerative disc disease, shoulder pain, and depression disorder not otherwise specified and anxiety disorder not otherwise specified. She has been treated surgically, chiropractically, with PT, and has had spinal cord stimulator implantation. On 10/02/14 a psychiatric office visit note indicates that the patient had been off of her medication due to noncertification for about a month and had a sense of "going crazy". These medications had been previously noncertified on 05/28/14. Cymbalta 80mg and Klonopin 0.5mg BID/1mg QHS were restarted. The patient related that she felt different on vs. off medications. On 11/11/14 an office note showed that she continued to have chronic moderate to severe pain and was progressing slower than expected. She had completed 8 of 8 chiropractic treatments, and pool therapy was recommended. On 12/14/14 a pain management visit reported worsened pain. The patient ambulated with a cane, wore a back brace, and a cervical collar as needed. Lyrica and Nucynta were prescribed. On 12/13/14 Cymbalta 60mg, Cymbalta 20mg, and Klonopin 1mg were noncertified. Klonopin 0.5mg was partially certified to #20 to allow for downward titration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Mental Illness & Stress Procedure Summary (updated 11/21/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress Antidepressants for treatment of MDD (Major depressive disorder) Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over

Decision rationale: The patient suffers from depressive disorder not otherwise specified. She has been on the antidepressant Cymbalta 80mg per day. Her symptoms of depression have not been well described or quantified via scales (e.g. Beck Inventory), and no evidence of objective functional improvement has been reported other than the patient noting that she is different off vs on medications. Per ODG, antidepressants are recommended for initial treatment of presentations of major depressive disorder that are moderate, severe, or psychotic unless ECT is part of the treatment plan, and not recommended for mild symptoms. This patient's diagnosis is depressive disorder not otherwise specified. This request is therefore non-certified.

Klonopin 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Mental Illness & Stress Procedure Summary (updated 11/19/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Not recommended for long-term use because long-term efficacy is unproven and.

Decision rationale: The patient has been prescribed Klonopin, a benzodiazepine, since at least May 2014. The rationale for this is unclear. Her symptoms are not well described and no scales were apparently administered (e.g. Beck Inventories). No objective functional improvement was described other than the patient stating that she was different off vs on medications. Guidelines limit use to four weeks, the patient has been on Klonopin since at least May 2014, well exceeding this guideline. In addition, tolerance to anxiolytic effects occurs within months, and long term use may increase anxiety. All of these factors would mitigate against use of this agent in this patient. Although a titration schedule is recommended for discontinuation, this has already been addressed on 12/13/14 in which Klonopin 0.5mg #20 was certified. As such this request is non-certified.

Klonopin 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Mental Illness & Stress Procedure Summary (updated 11/19/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Not recommended for long-term use because long-term efficacy is unproven and.

Decision rationale: The patient has been prescribed Klonopin, a benzodiazepine, since at least May 2014. The rationale for this is unclear. Her symptoms are not well described and no scales were apparently administered (e.g. Beck Inventories). No objective functional improvement was described other than the patient stating that she was different off vs on medications. Guidelines limit use to four weeks, the patient has been on Klonopin since at least May 2014, well exceeding this guideline. In addition, tolerance to anxiolytic effects occurs within months, and long term use may increase anxiety. All of these factors would mitigate against use of this agent in this patient. Although a titration schedule is recommended for discontinuation, this has already been addressed on 12/13/14 in which Klonopin 0.5mg #20 was certified. As such this request is non-certified.