

Case Number:	CM14-0215914		
Date Assigned:	01/05/2015	Date of Injury:	02/03/1998
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
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

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:

This is a 48 year old male who suffered a work related injury on 02/03/1998. Mechanism of injury was not listed in the documents provided. In a progress note dated 08/12/2014 he has diagnoses of lumbar disc bulge, right shoulder subacromial impingement status post arthroscopy, right knee meniscal tear status post arthroscopy, left knee meniscal tear status post arthroscopy, and emotionally distressed depression with severe anxiety. He is being treated with medications and follows with a psychologist. In a psychiatric progress note dated 10/14/2014 diagnoses include major depressive disorder, single episode, severe without psyche, and pain disorder with both psych factors and general medical condition. The injured worker complains of worsened sleep on increased Wellbutrin, feels "more tired", on Paxil. Complains of fatigue, anxiety, "panic", poor concentration and forgetfulness. He is scared to try a new medication. He is anxious and depressed. The request is for Klonopin 0.5mg # 45, and Zyprexa 2.5mg, #30. On 11/24/2014 Utilization Review did not certify the request for Klonopin 0.5mg, # 45, citing Official Disability Guidelines-Mental Illness and Stress-Antipsychotics. Regarding Klonopin 0.5mg, #45 was not certified citing California Chronic Pain Medical Treatment Guidelines-Benzodiazepine, and Official Disability Guidelines-Chronic Pain-Benzodiazepine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zyprexa 2.5mg #30: Upheld

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 and stress

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 & stress chapter, Olanzapine (Zyprexa); ODG Head (trauma, headaches, etc., not including stress & mental disorders) Chapter, under Medications

Decision rationale: In this case, the patient complains of fatigue, anxiety, poor concentration, social withdrawal, and forgetfulness, as per progress report dated 10/14/14. The request is for Zyprexa. The patient also suffers from depression. Medications, as per the same progress report, include Zyprexa, Klonopin, Wellbutrin, Sonata, and Celexa (other names illegible). The patient is also status post right shoulder subacromial impingement arthroscopy and bilateral knee meniscal tear arthroscopy (date not mentioned), as per progress report dated 08/12/14. He also has lumbar disc bulge, as per the same report. ODG-TWC, Mental Illness & Stress Chapter, under Olanzapine (Zyprexa): "Not recommended as a first-line treatment. Zyprexa (olanzapine) is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." ODG-TWC, Head (trauma, headaches, etc., not including stress & mental disorders) Chapter, under Medications states: "Treatment. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended. At present, there is no clinically validated specific brain targeted pharmacotherapy that will ameliorate the neurocognitive effects attributed to TBI (e.g., enhancing memory and attention, recovering from the brain injury). No medication has received approval from the United States Food and Drug Administration (FDA) for the treatment of any neurological or psychiatric consequence of mTBI. Medication for ameliorating the neurocognitive effects attributed to concussion/mTBI is not recommended." In this case, the progress reports are handwritten and not very legible. A prescription for Zyprexa is first noted in progress report dated 07/15/14, and the patient has been using the medication consistently at least since then. The patient does suffer from major depression and anxiety. He also has issues with memory and concentration which may impact his everyday life. The patient also experiences chronic pain. However, the treater does not discuss the purpose of the medication and its efficacy in the report. ODG guidelines do not consider Zyprexa as part of first-line therapy for psychotic conditions. Additionally, MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Hence, the request for Zyprexa 2.5 mg, # 30 is not medically necessary.

Klonopin 0.5mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter, Benzodiazepine

Decision rationale: In this case, the patient complains of fatigue, anxiety, poor concentration, social withdrawal, and forgetfulness, as per progress report dated 10/14/14. The request is for KLONOPIN. The patient also suffers from depression. Medications, as per the same progress report, include Zyprexa, Klonopin, Wellbutrin, Sonata, and Celexa (other names illegible). The patient is also status post right shoulder subacromial impingement arthroscopy and bilateral knee meniscal tear arthroscopy (date not mentioned), as per progress report dated 08/12/14. He also has lumbar disc bulge, as per the same report. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have 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."In this case, the progress reports are handwritten and not very legible. A prescription for Klonopin was first noted in progress report dated 07/15/14. The patient has consistently received the medication at least since then. Given the patient's chronic pain, anxiety and depression, there may be significant sleep issues. However, the progress reports do not discuss the patient's sleep issues in detail. Additionally, the patient has been using the medication for several months. Both MTUS and ODG guidelines do not support the long-term use of benzodiazepine. This request is not medically necessary.