

Case Number:	CM15-0011168		
Date Assigned:	01/29/2015	Date of Injury:	10/26/1999
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/21/2015

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: California, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 60-year-old female who reported an injury on 10/26/1999. The mechanism of injury was unspecified. Her diagnoses included disc bulge at the C5-6, right shoulder supraspinatus tendon tear, degenerative changes to the anterior labrum of the right shoulder, right de Quervain's tenosynovitis, and fibromyalgia. Past treatments included medications. On 08/25/2014, the injured worker complained of neck pain and headaches. The physical examination revealed painful symptoms upon motion of the neck, tenderness in the suboccipital triangle to the right, suboccipital triangle to the left, with evidence of muscle spasms at the cervical spine. The treatment plan included a request for Klonopin 1 mg #60 with 5 refills, and Prozac 40 mg #30 with 5 refills. Her relevant medications included Klonopin 1 mg, Vicodin 5/500 mg, Prozac 40 mg, Robaxin 500 mg, Motrin 800 mg, Prilosec 20 mg, and Zofran 4 mg. A rationale was not provided for review. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #60 with 5 refills: Upheld

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

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

Decision rationale: The request for Klonopin 1 mg, #60 with 5 refills, is not medically necessary. According to the California MTUS Guidelines, benzodiazepines are not recommended for long term use due to unproven efficacy and risk for dependence. In addition, most guidelines limit the use to 4 weeks. The injured worker was indicated to have been on Klonopin for an unspecified duration of time. However, the guidelines do not recommend the use of benzodiazepine over 4 weeks, as there is risk for dependence. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary. The request for refills would not be supported, as it does not allow time for reassessment prior to prescribing additional medications.

Prozac 40mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors (SSRIs). Page(s): 107.

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

Decision rationale: The request for Prozac 40 mg, #30 with 5 refills, is not medically necessary. According to the California MTUS Guidelines recommend, selective serotonin reuptake inhibitors are not recommended as a treatment for chronic pain. However, they can be used in the treatment of secondary depression. The injured worker was indicted to have been on Prozac for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker had depression. Furthermore, the guidelines do not recommend the use of SSRIs for the treatment of chronic pain. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary. The request for refills would not be supported, as it does not allow time for reassessment prior to prescribing additional medications.