

Case Number:	CM15-0017365		
Date Assigned:	02/05/2015	Date of Injury:	11/20/2012
Decision Date:	03/23/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 64 year old male who sustained an industrial injury on 11/20/12 when he was assaulted. He sustained injuries including a fractured jaw, bruised hip, and concussion. He is currently experiencing residual headaches, neck, low back pain with radiation to the left lateral thigh, post-traumatic stress disorder, Jaw pain, depression, anxiety and panic. He is experiencing nightmares and flashbacks. Medications include Norco, Abilify, Effexor, Lamictil, Seroquil, Prozac, Remiron, Valium, Valporic acid, Botox which is helpful for headaches for a few days. Diagnoses include status post multiple facial fractures and jaw fracture; post-traumatic headaches;; major depression, anxiety and post-traumatic stress disease with psychosis and secondary paranoia, delusions, unformed hallucinations; cervical and lumbar spondylosis; dizziness, possible epilepsy; post-traumatic fibromyalgia versus effects of dystonia; TMJ; lack of smell and hearing. Diagnostics include computed tomography of the temporal bone. Progress note dated 1/5/15 requests Effexor, Klonopin and Norco. The injured worker is anxious and nervous and literally shaking. On 1/13/15 Utilization review non-certified the requests for Klonopin 1 mg # 60, 2 refills; Effexor 75 mg # 120, 4 refills and Norco 10/325 mg # 240 citing MTUS: Chronic Pain Medical Treatment Guidelines: Benzodiazepines and MTUS Chronic Pain medical treatment Guidelines: Opiates respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #60 refills: 2: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. The claimant had been on Xanax along with Klonopin. There was no indication for long-term use of 2 Benzodiazepines as supported in the guidelines. The claimant had already been on anti-depressants and Effexor for the amangement of anxiety. The use of Klonopin is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. The Norco dose was increased to 8 times per day without VAS score response or specific indication. The claimant was on 6/day the month prior indicating long-term use is leading to tolerance. The continued use of Norco is not medically necessary

Effexor 75mg #120 refills: 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FDA (Effexor) Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 16.

Decision rationale: According to the guidelines, Effexor is FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. Due to the claimant's history of PTSD and anxiety. The use of Effexor is appropriate and medically necessary.