

Case Number:	CM15-0111760		
Date Assigned:	06/18/2015	Date of Injury:	05/06/2008
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 48 year old male sustained an industrial injury to the back and shoulder on 5/6/08. The injured worker was currently receiving ongoing psychological care for anxiety and depression. In a psychiatric progress noted dated 4/30/15, the physician noted that the injured worker had been doing better but his medications had been denied last month and the injured worker was unable to take Pristiq. The injured worker reported starting to feel depressed again and sleeping excessively. The injured worker reported having feelings of hopelessness and worthlessness with low energy and concentration. Current diagnoses included recurrent major depressive disorder. The physician noted that past functional restoration program participation had been helpful. The physician recommended participating in a functional restoration program again and continuing medications (Pristiq and Klonopin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain, Benzodiazepines.

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. The injured worker has been taking this medication since 2013 for anxiety. This is outside the recommendations of short-term usage, therefore, the request for Klonopin 0.5mg is determined to not be medically necessary.

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs, Chronic pain programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs) Page(s): 49.

Decision rationale: The MTUS Guidelines recommend the use of functional restoration programs (FRPs) although research is still ongoing as to how to most appropriately screen for inclusion in these programs. FRPs are geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Treatment is not suggested for longer than two weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. In this case, the injured worker does not meet the criteria for inclusion into a functional restoration program. He has not worked since the middle of 2012 and is taking opioids in a chronic manner and he has many negative predictors for success. Additionally, the request for a functional restoration program does not include a requested length of the program. The request for functional restoration program is determined to not be medically necessary.