

Case Number:	CM15-0123292		
Date Assigned:	07/07/2015	Date of Injury:	01/24/2011
Decision Date:	08/04/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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: 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 injured worker is a 55 year old male, who reported an industrial injury on 1/24/2011. His diagnoses, and or impression, were noted to include: depressive disorder and anxiety disorder. No current x-rays or imaging studies were noted. His treatments were noted to include a psychiatric follow-up consultation report on 4/3/2015; and medication management. The psychiatric follow-up report of 4/3/2015 reported decreases in anxiety, tension, irritability, depression, episodes of crying and insomnia; as well as denying harm to self, suicidal ideations or feelings that life is not worth living, panic attacks or auditory hallucinations; and reported a stable appetite/weight gain, a low energy level, low sociability, low sexual interest, and only social consumption of alcohol. Objective findings were noted to include: a less tense and dysphoric mood with occasional smiling, no laughing or weeping; appropriate eye contact; no panic attacks or obsessive rituals; no thought disorder; that he was well focused with prompt answers, and oriented to time/place/person/purpose; and that he was with no noted impaired reality. The physician's requests for treatments were noted to include the continuation of Klonopin for anxiety and Seroquel for insomnia and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Klonopin (Clonazepam) is an anxiolytic, sedative hypnotic medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered or support beyond guidelines criteria for this chronic injury of 2011. Therefore, the request for Klonopin 2mg #120 is not medically necessary and appropriate.

Seroquel 300mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, page 514-516 and Other Medical Treatment Guidelines www.drugs.com Quetiapine (Seroquel) Treats schizophrenia and symptoms of bipolar disorder (manic-depressive illness). Used together with other medicines to treat major depressive disorder (MDD).

Decision rationale: Seroquel is a Serotonin Dopamine Receptor Antagonist, indicated in the treatment of acute bipolar mania and schizophrenia. This antipsychotic may be prescribed for psychological disorders such as severe major depression that develop due to chronic pain, however, none diagnosed or documented for this chronic injury of 2011. Submitted reports have not adequately provided documentation of failed first-line treatment for any psychological disorder, specific objective clinical findings identified; functional improvement from treatment rendered, nor demonstrated extenuating circumstances or sufficient evidence outside guidelines criteria for the treatment of this atypical anti-psychotic. Therefore, the request for Seroquel 300mg #60 is not medically necessary and appropriate.