

<b>Case Number:</b>	CM15-0023946		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	09/02/2010
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 73-year-old male, with a reported date of injury of 09/02/2010. The diagnoses include major depressive disorder without psychotic features, post traumatic stress disorder, and agoraphobia with panic disorder. Treatments have included oral medications. The progress report dated 01/12/2015 indicates that the injured worker was still very depressed and anxious, mainly due to pain in the hand and headaches. The injured worker sleeps well on some nights but poor on other nights. It was noted that the panic symptoms occur 1-2 times a weeks. It was noted that the injured worker feels less terrified and sleeping better. The objective findings include calm, depressed, and anxious. The treating physician requested the continuation of Amitriptyline 20mg, clonazepam 0.5mg, and medication management. The rationale for the request was not indicated. On 01/22/2015, Utilization Review (UR) modified the request for Amitriptyline 20mg at bedtime monthly, with twelve refills and denied the request for medication management every 1-3 months, and clonazepam 0.5mg, a tablet by mouth twice a day as needed, with 12 refills. The UR physician noted that the number of refills for Amitriptyline exceeds guideline recommendations; there was no documentation of the intended duration of therapy with Clonazepam and the number of refills exceeds guideline recommendations; and no clear documentation of the number of visits for medication management requested. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 20mg q HS, Monthly, refill times 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

**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 Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** Tricyclic antidepressants (TCAs) are among the most effective antidepressants available, although their poor tolerance at usual recommended doses and toxicity in overdose make them difficult to use. While selective serotonin reuptake inhibitors (SSRIs) are better tolerated than TCAs, they have their own specific problems, such as the aggravation of sexual dysfunction, interaction with coadministered drugs, and for many, a discontinuation syndrome. In addition, some of them appear to be less effective than TCAs in more severely depressed patients. The injured worker has been diagnosed with major depressive disorder without psychotic features, post traumatic stress disorder, and agoraphobia with panic disorder. Amitriptyline is indicated for treatment of major depressive disorder however it is not clinically indicated to continue it for a year without monitoring and observation.

**Clonazepam 0.5 mg 1/2 tab p.o. bid PRN, Monthly refill times 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Clonazepam on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Clonazepam 0.5 mg 1/2 tab p.o. bid PRN, Monthly refill times 12 is excessive and not medically necessary as guidelines recommend guidelines that the use of benzodiazepines should be limited to 4 weeks.

**Medication Management every 1-3 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible" The request for Medication Management every 1-3 months; unspecified number of sessions for an unspecified duration of time is not medically necessary because the number of sessions requested is not specified.