

<b>Case Number:</b>	CM15-0043068		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 43-year-old male, who sustained an industrial injury on February 7, 2014. He has reported right hip pain, head pain, neck pain, leg pain, dizziness, vision difficulties, anxiety, depression, OCD and nightmares. Diagnoses have included traumatic brain injury, posttraumatic headache, vertigo, hearing loss, cognitive behavioral deficits, mobility deficits, and chronic lower back pain. Treatment to date has included medications, physical therapy, and acupuncture and right hip surgery. A progress note dated January 6, 2015 indicates a chief complaint of head pain, neck pain, leg pain, dizziness, vision difficulties, anxiety, paranoia, fatigue, difficulty with ADL and nightmares. The treating physician documented a plan of care that included medications, continuation of home care and psychiatry care. The IW is awaiting a second opinion evaluation for the worsening hip pain. The medications listed are Risperdal, Gabapentin, Depakote, Baclofen, Klonopin and Ritalin. A Utilization Review determination was rendered recommending non certification for Klonopin 1mg #60 3 Refills and Ritalin 5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg #60 (Refill x 3) (1x4): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for short-term treatment of anxiety disorder and insomnia in chronic pain patients. It is recommended that antidepressants with anxiolytic and analgesic properties be utilized as first line medications in chronic pain patient with co-existing anxiety and depression. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, sedation, daytime somnolence and fatigue as well as adverse interaction with other sedative medications. The records indicate that the patient is utilizing Klonopin with other sedative medications. There is ongoing complaints of fatigue and tiredness associated with medications utilization. There is lack of documentation of functional restoration and guidelines recommended compliance monitoring such as UDS. The criteria for the use of Klonopin 1mg #60 3 refills was not met. Therefore, the request is not medically necessary.

**Prospective usage of Ritalin 5mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Procedure summary & Pain Procedure Summary, methylphenidate.

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

**Decision rationale:** The CA MTUS did not address the use of stimulants. The ODG guidelines recommend that stimulants be utilized after complete clinical evaluation with identification and correction of contributing factors for the over sedation, somnolence, fatigue and tiredness. The records indicate that the patient is utilizing multiple sedative medications concurrently. There is ongoing complaints of tiredness and fatigue. The revision of medications utilization and reduction in dosage of sedative medications will decrease the requirement for the use of stimulants. The criteria for the use of Ritalin 5mg was not met. Therefore, the request is not medically necessary.