

Case Number:	CM15-0096996		
Date Assigned:	07/15/2015	Date of Injury:	03/28/1998
Decision Date:	09/08/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/19/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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:

The injured worker is a 65 year old male, who sustained an industrial injury on 03-28-1998. He has reported subsequent neck, back and upper extremity pain and was diagnosed with cervical spine strain, cervical disc bulging of C3-C4 and C5-C6 with degenerative disc disease, residuals of complex regional pain syndrome of the left upper extremity and left rotator cuff tendinitis with impingement syndrome. Other diagnoses included depression and generalized anxiety disorder. Treatment to date has included medication. Documentation shows that the injured worker had undergone medication management sessions for persistent symptoms of depression, anxiety and stress related medical complaints from industrial injury. Clonazepam was prescribed for generalized anxiety disorder as far back as 10-22-2014. In a progress note dated 04-09-2015, the injured worker complained of flare-ups of cervical pain with increased activity. Objective findings were notable for tenderness to palpation of the cervical paravertebral muscles, decreased range of motion and increased pain, tenderness to palpation over the upper thoracic paravertebral muscles with mildly limited range of motion, tenderness of the left shoulder, left upper arm and left wrist, positive impingement sign of the left shoulder and mild limitation with range of motion of the left shoulder, wrist and hand. A request for authorization of Clonazepam 0.5 mg #60 with 2 refills, Fioricet #60 with 2 refills and 6 medication management sessions was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Clonazepam, Mental Illness & Stress, Benzodiazepines, Antidepressants for treatment of MDD (major depressive disorder).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Benzodiazepines.

Decision rationale: As per CA MTUS guidelines, benzodiazepines are not recommended for long term use due to unproven efficacy and risk of dependence with most guidelines limiting use to 4 weeks. As per ODG, chronic benzodiazepines are the treatment of choice in very few conditions and a more appropriate treatment for an anxiety disorder is an antidepressant. The submitted documentation shows that the injured worker was prescribed Clonazepam since at least 10-22-14 for generalized anxiety disorder which is antithetical to current guidelines which do not recommend long term use. In addition, there is no documentation of significant symptom reduction with use as there is continued anxiety and panic documented despite long term use. Therefore, the request for Clonazepam is not medically necessary.

Fioricet #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesic Agents Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Barbiturate-containing analgesic agents.

Decision rationale: As per CA MTUS and ODG guidelines, barbiturate containing analgesic agents (BCA's) such as Fioricet is not recommended for chronic pain as the potential for drug dependence is high and there is no evidence of a clinically significant analgesic effect with use. ODG indicates that this medication is commonly used for acute headache but there is a risk of medication overuse and rebound headache. In a special report dated 05-13-2015, the physician noted that Fioricet had been recommended for psychological factors affecting medical condition with stress intensified anxiety mediated muscle tension headaches. There is no documentation submitted prior to the utilization review date that explains the need for Fioricet or the goal for usage. The current guidelines do not recommend use of this medication for chronic pain due to the potential for drug dependence and lack of evidence of efficacy. There is insufficient documentation submitted to establish the medical necessity of this medication. Therefore, the request for Fioricet is not medically necessary.

6 medication management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office visits.

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 chapter, Office Visits.

Decision rationale: CA MTUS is silent regarding medication management visits and therefore, alternative guidelines were referenced. As per ODG, the need for office visits should be individualized based on patient concerns, signs and symptoms, stability and the physician's judgment and is also based on what medications the patient is taking. The injured worker was noted to have undergone prior medication management sessions for persistent symptoms of depression, anxiety and stress related medical complaints from industrial injury. The injured worker was prescribed the psychiatric medications Clonazepam, Trazodone and Venlafaxine which do require monitoring, however there is no explanation as the reason for a request for six medication management sessions. The determination as to whether follow up visits are necessary should be made at each visit. Therefore, the request for authorization of six medication management sessions is not medically necessary.