

<b>Case Number:</b>	CM13-0020323		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	08/06/1991
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old male who reported an injury on 08/06/1991. A special psychiatric interim report dated 04/23/2004 reported the patient was seen for follow-up treatment and had been taking several psychotropic medications including the antidepressants Remeron 45 mg at bedtime and Wellbutrin XL 150 mg every AM. He has also been prescribed Abilify 10 mg to help with anxiety and medications. He is noted to be taking Frova or Zomig for migraines and Klonopin 1 mg for treatment of anxiety. The most recent clinical note submitted for review is a note signed by [REDACTED] dated 09/05/2007 and it was reported the patient had been continued to treat with [REDACTED] noting that the patient continued to take Remeron, his main antidepressant, as well as Wellbutrin; however, he was no longer taking Wellbutrin and ability. In addition, he was not taking trazodone, which he used for sleep, and clonazepam, which he used for severe anxiety and depression as the medications were not refilled. He reported overall the patient had maintained some of the improvement, but 5 months ago he went slightly downhill when he was off the Wellbutrin and Abilify and his stomach was bothering him without the proton pump inhibitors. The doctor indicated that those medications would need to be restarted and the patient would require psychotropic medications for the rest of his life.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam tablets 1 mg QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

**Decision rationale:** The patient is a 61-year-old male who reported an injury on 08/06/1991. He is reported to have been receiving psychiatric care and treatment with psychotropic drugs from at least 2003 including clonazepam for treatment of anxiety. The California MTUS Guidelines do not recommend long-term use of benzodiazepines such as clonazepam as long-term efficacy is unproven and there is a risk of dependency and most guidelines recommend limiting use to 4 weeks. As the patient is noted to have been taking the clonazepam since at least 09/2003 and there is no current documentation submitted for review indicating the patient's current psychological status, and guidelines do not recommend the use of benzodiazepines such as clonazepam on a long-term ongoing basis, the request for refills of clonazepam does not meet guideline recommendations. Based on the above, the prescription for clonazepam tablets 1 mg, quantity 60 is non-certified.