

<b>Case Number:</b>	CM13-0025769		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/10/1992
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Psychiatry 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:

This 58 year old male suffered multiple orthopedic injuries and mental Injury on 6/ 10/92 from a slip and fall. Psychiatric Agreed Medical Evaluation by [REDACTED] on 10/12/96 Indicated the injured worker suffered from Major depressive disorder with psychotic features. The patient has been treated with clonazepam for over six weeks. He has also been treated with bupropion (Wellbutrin).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines, Pain (Chronic).

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

**Decision rationale:** According to the CA Chronic Pain Medical Treatment Guidelines 7-18-2009 on page 24/127, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) This patient has been on clonazepam, a benzodiazepine, for over six weeks and per guidelines cited above clonazepam is not medically necessary.

**of Wellbutrin XL 300mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 125. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Mental Illness and stress chapter, section on bupropion.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Mental Illness and stress chapter, section on bupropion.

**Decision rationale:** This patient was clearly diagnosed with depression, is responding adequately to bupropion and bupropion is recommended by the ODG as cited above. As such, bupropion is medically necessary.