

<b>Case Number:</b>	CM13-0030388		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	07/20/2001
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 43 year old female who reported an injury on 07/20/2001. The mechanism of injury information was not provided in the medical record. The patient was diagnosed with adjustment disorder with mixed anxiety and depression. The most recent clinical note dated 08/01/2013 reported the patient continued to have complaints of being depressed, tearful and sleeping only 4 hours at night. The patient diagnoses included adjustment disorder, psychological factors affecting medical condition, and major depressive disorder, recurrent. The patient medication regimen of Wellbutrin XL 150mg daily, Topamax 200mg at bedtime, Vyanase 50mg daily, Xanax 0.25mg once daily as needed, and Klonopin 2mg at bedtime were continued. The patient was released by the physician after this visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 2mg at bedtime:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California MTUS states that benzodiazepines are not recommended for long term use. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Most guidelines limit the use of benzodiazepines to 4 weeks. The patient has been taking the requested medication and continues to have difficulties sleeping. Seeing as the medication is requested for sleep, and there is documented ineffectiveness of the requested medication, the Klonopin 2mg at bedtime is not helping the patient's condition. As such the request for Klonopin 2mg at bedtime is non-certified.