

<b>Case Number:</b>	CM13-0031368		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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 49-year-old male who reported an injury on 02/04/2013. The patient was reportedly involved in an altercation with another employee. The patient is currently diagnosed with adjustment disorder with mixed anxiety and depressed mood as well as psychological factors affecting medical condition. The patient was seen by [REDACTED] on 07/31/2013. The patient reported no changes in depressive symptoms. Objective findings were not provided. Treatment recommendations included continuation of current medication including Prozac, Klonopin, and Restoril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KLONOPIN 0.5 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazapine..

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

**Decision rationale:** The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most Guidelines limit the use for 4 weeks. As per the documentation submitted, the

patient has continuously utilized this medication. Despite ongoing treatment, the patient continues to report depressive symptoms. The patient continues to report only 4 to 5 hours of sleep at night. Guidelines further state a more appropriate treatment for anxiety disorder is an antidepressant. Based on the clinical information received and the California MTUS Guidelines, the request for Klonopin 0.5 mg is non-certified.

**RESTORIL 30MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/restoril.html>.

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

**Decision rationale:** The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most Guidelines limit the use for 4 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing treatment, the patient continues to report depressive symptoms. The patient continues to report only 4 to 5 hours of sleep at night. Guidelines further state a more appropriate treatment for anxiety disorder is an antidepressant. Based on the clinical information received and the California MTUS Guidelines, the request for Restoril 30mg is non-certified.