

<b>Case Number:</b>	CM13-0044122		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/02/2005
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Illinois and Wisconsin. 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 is a 66 year old male who sustained an injury in June of 2005 and who has been troubled by chronic pain since that time. The patient in addition has been under psychiatric treatment for Major Depression and Generalized Anxiety Disorder. Psychiatric medications have included Abilify, Cymbalta, Wellbutrin, Cymbalta in addition to Klonopin. The provider is requesting Klonopin 1 mg TID #90. The previous review modified this to #6. This is an independent review for medical necessity for Klonopin 1 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 1 mg #90 Modified to a certification for 1 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California Chronic Pain Management Guidelines indicate the following in regards to benzodiazepines: "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". ODG

guidelines do not provide an indication for these medications in management of Major Depression.