

Case Number:	CM13-0050712		
Date Assigned:	03/03/2014	Date of Injury:	02/04/2013
Decision Date:	05/23/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/14/2013

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 Psychiatry and Neurology 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 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:

According to the records made available for review, this is a 49-year-old male with a 2/4/13 date of injury. At the time (10/16/13) of the request for authorization for Klonopin 0.5mg #70 and Restoril 15mg #35, there is documentation of subjective (fear, anxiety, headache, and cardiovascular symptoms) and objective (persisting depressed mood) findings, current diagnoses (major depressive disorder, single episode, severe), and treatment to date (psychotherapy and medication). There is no documentation of the intended duration of therapy for Klonopin and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 0.5MG #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Within the medical information available for review, there is documentation of diagnoses

of major depressive disorder, single episode, severe. However, there is no documentation of the intended duration of therapy for Klonopin. Therefore, based on guidelines and a review of the evidence, the request for Klonopin 0.5mg #70 is not medically necessary.

RESTORIL 15MG #35: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, single episode, severe. However, there is no documentation of the intended duration of therapy for Restoril. Therefore, based on guidelines and a review of the evidence, the request for Restoril 15mg #35 is not medically necessary.