MAXIMUS Federal Services

Case Number:	CM13-0052545		
Date Assigned:	12/27/2013	Date of Injury:	05/22/2009
Decision Date:	03/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/15/2013

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, 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:

The patient is a 53 year old female who sustained a work-related injury on 5/22/09. A clinical note dated 3/20/13 indicates she presented for a follow-up visit after six months. She did well, but was having difficulty getting her medications since January 2009. She was stable, and only needed medication management every six months. Her medications were Lexapro, Abilify, Buspar, and Klonopin. A follow-up note dated 10/8/13 indicates she is still stable for up to six months at a time. She continues to get regular cognitive behavioral therapy for two hours twice a month, so she is evaluated and monitored between medication management appointments. Her cognitive behavioral therapy helps with coping skills and resolution of her PTSD from old confrontational issues. She is very well engaged in her care. Klonopin works well in combination for her anxiety. Lexapro and Abilify are complimentary for depression and mood balance. Sleep is stable with medications; without medications, sleep regresses. She denied emotional liability. She was alert and oriented, engaging, and had clear speech, good focus, and linear thought processes. Grooming is appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg between 10/8/13 and 12/22/13: Upheld

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

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

Decision rationale: As per the California MTUS guidelines, the use of benzodiazepines is not recommended for long-term use due to risk of dependence. There is documentation that the patient has been taking this medication since March 2013 at least; guidelines limit use to four weeks. There is not sufficient data available to recommend benzodiazepines long-term; this is considered experimental. Therefore, the request is noncertified.