

<b>Case Number:</b>	CM13-0059889		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Neurology, has a subspecialty in Geriatric Psychiatry, Addiction Medicine and is licensed to practice in California and 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 injured worker is a 44 year old female who sustained an industrial injury on 04/04/09 in which she experience workplace harassment, intimidation, and physical assault. involving her upper and lower back in a workplace assault in which she received no administrative support. Her diagnosis is major depressive disorder and anxiety disorder not otherwise specified. In June 2013 she underwent cervical discectomy with spacer implant. Conservative treatment included Wellbutrin XL 300mg, Viibryd 40mg, Intermezzo 1.75mg, Klonopin 0.5mg, cognitive behavioral therapy, yogic breathing, guided imagery, and Abilify 10mg. 01/07/2014: Psychiatric telephone follow up with [REDACTED] reporting that the IW requires her medications to avoid a relapse. Klonopin 0.5mg twice per day as needed for anxiety and panic attacks #60, and Intermezzo 1.75mg at bedtime #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5mg twice daily as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 & 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 OF 127.

**Decision rationale:** Per MTUS, benzodiazepines are 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. Chronic benzodiazepines are the treatment of choice in very few conditions, and for anxiety disorders an antidepressant may be a more appropriate treatment. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. They also have a sedative-hypnotic effect. This IW has been prescribed the benzodiazepine Klonopin since at least 2012. Documentation provided does not show that it has been effective in ameliorating her anxiety disorder. In addition, the IW has been prescribed the sedative-hypnotic Intermezzo. These two agents in concert may have the undesired effect of potentiating one another and the use of both is not recommended. This request is not certified.

**Intermezzo 1.75mg at bedtime:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepine Agonists for Insomnia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia.

**Decision rationale:** MTUS is silent on Intermezzo however ODG recommends that non-benzodiazepine sedative-hypnotics (Intermezzo) are indicated for short term treatment of insomnia (7-10 days). Intermezzo has been approved for use in insomnia characterized by middle of the night awakening followed by difficulty returning to sleep. This IW has been prescribed Intermezzo since at least 2012. Documentation provided did not describe these symptoms, nor did it show evidence that this medication has been effective in ameliorating her sleep difficulty. She is also being prescribed Klonopin (a benzodiazepine) which also has sedative-hypnotic action. These two agents in concert may have the undesired effect of potentiating one another and the use of both is not recommended. This request is not certified.