

Case Number:	CM13-0062552		
Date Assigned:	12/30/2013	Date of Injury:	03/19/1998
Decision Date:	03/27/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 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:

A 66 year old male with date of injury 3/19/1998. Date of UR decision was 11/25/2013. The mechanism of injury is unavailable. The injury resulted in psychiatric symptoms. Progress report by psychiatrist on 11/5/2013 reflects that he was receiving treatment for Anxiety State NOS 300.0, in form of supportive psychotherapy and medication management. The medications that have been prescribed for the injured worker were pristiq 200 mg which was being cross titrated to viibryd 10 mg with plan to gradually increase to 40 mg, latuda 50 mg qhs, nuvigil 250 mg, klonopin 0.5 mg bid prn, cialis, Intermezzo 3.5 mg SL is being prescribed for insomnia. It states that "he remains totally disabled from gainful employment." Progress Report from Psychiatrist dated 12/12/2013 states that injured worker is "very anxious, irritable, very distraught and despondent as he was upset that some of his medications are not being approved for no good reason."

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg 100 Tablets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,124.

Decision rationale: The Physician Reviewer's decision rationale: MTUS states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." MTUS also states "Benzodiazepine: Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006)" Per the UR decision made on 11/25/2013, the request for klonopin 0.5 mg #100 was changed to 0.5 mg #30 for taper schedule. Benzodiazepines are not recommended for long term use per MTUS guidelines as there is a high risk for dependence and tolerance with the medication, thus the request for klonopin 0.5 mg #100 tablets is not medically necessary at this time.