

<b>Case Number:</b>	CM13-0069682		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Occupational 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, shoulder, neck, and foot pain reportedly associated with an industrial injury of January 28, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; long- and short-acting opioids; anxiolytic medications; the apparent imposition of permanent work restrictions; and psychotropic medications. It does not appear that the applicant is working with permanent limitations in place. In a Utilization Review Report of December 17, 2013, the claims administrator approved a request for Cymbalta, approved a request for Wellbutrin, and partially certified a request for Klonopin, seemingly for weaning purposes. The applicant's attorney subsequently appealed. A November 21, 2012 psychiatry note is notable for comments that the applicant is so withdrawn, paranoid, anxious, irritable, and depressed. The applicant was on Savella, Lunesta, and Klonopin at that point in time for a combination of depression, anxiety, and panic attacks. The applicant was described as remaining totally disabled from gainful employment. In a psychiatric progress note of December 3, 2013, the applicant was described as still having depressed mood. The applicant was reportedly very nervous and anxious and not able to function on a day-to-day basis. The applicant was feeling hopeless, as stated. Cymbalta, Wellbutrin, and Klonopin were endorsed while the applicant was again described as remaining disabled from gainful employment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5mg #60:** 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), Pain (Chronic), Benzodiazepine

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics such as Klonopin are "not recommended" as a first-line therapy for stress-related conditions as they lead to dependence. While an anxiolytic such as Klonopin may, per ACOEM, be appropriate for brief periods in cases of overwhelming symptoms, in this case, the applicant has been using this particular agent for well over a year. Continued, protracted, and/or longstanding usage of Klonopin is not indicated, per ACOEM. It is further noted that the applicant has failed to achieve any lasting benefit or functional improvement despite ongoing usage of Klonopin. The applicant remains off of work, on total temporary disability, from a psychiatry standpoint and remains highly reliant on various psychotropic medications. The applicant's mood remains hopeless and depressed, it appears. It does not appear that he has achieved any lasting benefit despite ongoing usage of Klonopin. Therefore, the request for Klonopin 0.5 mg, #60 is not medically necessary, medically appropriate.