

Case Number:	CM14-0011545		
Date Assigned:	02/21/2014	Date of Injury:	03/14/2009
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/29/2014

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:

Injured worker is a male with date of injury March 14, 2003. Per psychological crisis intervention report, the injured worker presented in a state of crisis. He was in a severely anxious state, due to elevated pain levels. He was irrational, and had a plan to commit suicide by cutting his throat with a pocket knife and bleeding to death. He believes this is his only recourse to ameliorate his orthopedic and psychological symptoms. He described feeling depressed, hopeless and useless. His diagnosis is major depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 0.5 MG, DAYS SUPPLY: 30, QUANTITY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, , 24

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, WEANING OF MEDICATIONS, 24, 124

Decision rationale: There are no clinical notes from the prescribing physician for review. The outpatient psychology notes and inpatient psychiatry notes indicate that the injured worker has recurrent and severe major depression disorder, related to his chronic pain. He has been

prescribed antidepressants. The claims administrator notes that the injured worker has been prescribed clonazepam previously, on January 7, February 4, September 25, October 22, and November 18, 2013. Clonazepam is a benzodiazepine medication. The Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. Most guidelines limit use of benzodiazepines to four weeks. The injured worker has already been on this medication for over four weeks, and tapering is required when used for greater than two weeks. The request for Clonazepam, is for continued use, and not for tapering or weaning off the medication. The request for Clonazepam 0.5 mg, sixty coun, thirty day supply, is not medically necessary or appropriate.