

<b>Case Number:</b>	CM14-0131167		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/15/2008
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Family 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 injured worker is a 64 year old female who had a work related injury on 11/15/08 mechanism of injury was not described. Only clinical documentation submitted for review was dated 05/12 and was a psychiatric evaluation. Utilization review on 07/16/14 was used for clinical documentation. According to the supplemental report dated 10/31/13 the injured worker had a panel QME undated. Progress note dated 12/02/13 the injured worker was quite depressed and complained of some anxiety. She slept for six hours per night. She reported that medications helped. On examination she was taking these medications for a few years and was medically necessary to continue taking medication for her well being. It was documented that on 12/02/13 she reported bilateral shoulder and neck pain due to computer use and other repetitive job duties. The injured worker was diagnosed with major depressive disorder, insomnia type sleep disorder due to pain, and female hypoactive sexual desire disorder due to pain. Utilization review on 07/16/14 was non-certified. The request was for a retrospective Klonopin 0.5mg #30 BID (for psychosis).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Klonopin 0.5mg #30 BID (for psychosis): Upheld**

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

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

**Decision rationale:** Klonopin is not an antipsychotic as it is a benzodiazepine. As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has exceeded the 4 week treatment window. As such, the request for this medication cannot be recommended at this time. The request for retrospective Klonopin 0.5mg #30 BID (for psychosis) is not medically necessary.