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| Case Number: | CM14-0159126 | | |
| Date Assigned: | 10/30/2014 | Date of Injury: | 07/19/2001 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 09/06/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 Psychiatry 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 49 year old female with date of injury 7/19/2001. Date of the UR decision was 9/5/2014. She encountered a low back twisting injury resulting in chronic pain. Report dated 9/19/2014 stated that injured worker was diagnosed with Major Depressive Disorder with paranoid ideation and was being prescribed Lamictal and Thorazine. Report dated 8/18/2014 stated that the injured worker had gained weight as she had not been exercising much, she was anxious and depressed. She was being prescribed Artane 2 mg twice a day for anxiety and depression secondary to the side effects of Thorazine, Lamictal 100 mg twice a day for depression, Klonopin 2 mg twice a day for anxiety attacks, Zoloft 100 mg. twice a day for depression and Thorazine 25 mg daily for insomnia and depression. It has been suggested that the injured worker has been prescribed the Klonopin for >4 years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24; 124.

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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Klonopin on an ongoing basis for at least 4 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Therefore this request is not medically necessary.