

Case Number:	CM14-0162188		
Date Assigned:	10/07/2014	Date of Injury:	12/06/2007
Decision Date:	11/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/02/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for myofascial pain syndrome, chronic pain syndrome, generalized anxiety disorder, and major depressive disorder reportedly associated with an industrial injury of December 6, 2007. In a Utilization Review Report dated September 29, 2014, the claims administrator failed to approve a request for Klonopin. The applicant's attorney subsequently appealed. In a progress note dated September 15, 2014, the applicant was given refills of hydrocodone and Klonopin. It was stated that that the applicant had chronic anxiety disorder and was reportedly using Klonopin for the same. In a request for authorization (RFA) form dated September 19, 2014, it was implied that the applicant was using Klonopin at a rate of thrice daily. 90 tablets were furnished. In earlier notes of August 15, 2014 and July 15, 2014, the applicant was described as using Klonopin at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that usage of anxiolytics may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the applicant is intent on using Klonopin for chronic, long term, and scheduled use purposes, for longstanding symptoms of anxiety. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.