

<b>Case Number:</b>	CM14-0166128		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	05/06/2008
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 48 year old male with date of injury 5/6/2008. Date of the UR decision was 9/30/2014. Per report dated 9/23/2013 suggested that he was still feeling depressed and having flashbacks. He was sleeping for 8-10 hours but it was broken. He had low energy, low concentration. He was continued on Cymbalta 40 mg twice daily, Abilify 5 mg daily, Klonopin 0.5 mg twice daily as needed. Per report dated 10/23/2013 he was still experiencing nightmares, flashbacks, was still hearing sounds of helicopters as he had to be airlifted. The Abilify dose was increased to 10 mg, however rest of the medications were continued at the same dose. Per report dated 11/21/2013 the injured worker reported increased pain, continued to have nightmares, flashbacks, low energy, concentration. He was continued on the same medications. Per report dated 8/14/2014, he was diagnosed with Major Depressive Disorder and Post Traumatic Stress Disorder. He was continued on Cymbalta, Klonopin, Abilify and Nuedexta. Per report from 9/16/2014, he was continued on Pristiq, Nuedexta, Klonopin and Abilify.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5mg #45:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (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 prescribed Klonopin on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Klonopin 0.5mg #45 is excessive and not medically necessary since benzodiazepines are not indicated for long term treatment.