

<b>Case Number:</b>	CM14-0179156		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 injured worker is a represented employee who has filed a claim for chronic pain syndrome, major depressive disorder, and affective disorder reportedly associated with an industrial injury of December 18, 2008. Thus far, the injured worker has been treated with the following: Analgesic medications; anxiolytic medications; psychotropic medications; left and right carpal tunnel release surgery; earlier shoulder surgery; opioid therapy; an H-Wave device; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 1, 2014, the claims administrator non-certified a request for Klonopin, a benzodiazepine anxiolytic. Both the MTUS Chronic Pain Medical Treatment Guidelines and non-MTUS references from the Physicians' Desk Reference (PDR) were cited. In a September 3, 2014 progress note, the injured worker reported heightened complaints of shoulder pain. The injured worker was given a shoulder corticosteroid injection. In a psychiatry progress note dated September 10, 2014, the injured worker reported issues with anxiety, depression, insomnia, and poor ability to socialize with others. The injured worker was given a diagnosis of major depressive disorder. Viibryd, Abilify, Klonopin, and Desyrel were endorsed. It was stated that Klonopin was being endorsed for anxiety and restlessness. In an earlier note dated June 26, 2013, it was acknowledged that the injured worker was using Klonopin, Nucynta, Ambien, Latuda, and Viibryd as of that point in time. The injured worker had been deemed "disabled," it was acknowledged at the bottom of the report. In a progress note dated May 23, 2014, the injured worker was again described as having depression, anxiety, difficulty doing normal chores, poor sleep, insomnia, and a labile mood and affect. The injured worker was reportedly tearful at times. The injured worker was asked to continue Viibryd and Klonopin while beginning Pristiq. It was stated, once again, that Klonopin was being employed for anxiolytic effect up to twice daily.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), 65th Edition, 2014 and Non-MTUS American Psychiatric Association, Practice Guideline for Treatment of Patients with Major Depressive Disorder, Third Edition

**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 anxiolytics such as Klonopin can be employed for "brief periods," in cases of overwhelming symptoms. However, in this case it appears that the injured worker is in fact employing Klonopin for chronic, long-term, and scheduled-use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for Klonopin. It is further noted that ongoing usage of Klonopin has failed to significantly attenuate the injured worker's complaints of depression, anxiety, bouts of tearfulness, poor energy level, difficulty socializing with others, etc. Therefore, the request is not medically necessary.