

Case Number:	CM14-0179675		
Date Assigned:	11/04/2014	Date of Injury:	07/18/1997
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 58-year-old male with a 7/18/97 date of injury. According to a psychiatric follow-up report dated 9/25/14, the injured stated that he felt "less depressed, but he still had a lot of anxiety." He still reported having panic attacks. He had no feelings of hopelessness or helplessness and denied any suicidal ideations. Objective findings: no psychomotor agitation or retardation. Diagnostic impression: major depressive disorder. Treatment to date: medication management, activity modification. A UR decision dated 10/1/14 denied the request for Klonopin 0.5mg. It is not recommended for long-term use as its long-term efficacy is unproven and there is a risk for dependence. However, due to the nature of this drug, weaning is recommended. The provider reported the claimant would go down to Klonopin 0.25mg for one week and then discontinue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5ng # 75: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that "benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant." They 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. However, according to the reports provided for review, this injured worker has been taking Klonopin since at least 2/10/14, if not earlier. Guidelines do not support the long-term use of benzodiazepine medications. 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. Therefore, the request for Klonopin 0.5mg #75 is not medically necessary.