

Case Number:	CM14-0208910		
Date Assigned:	12/22/2014	Date of Injury:	08/05/2005
Decision Date:	12/24/2014	UR Denial Date:	11/19/2014
Priority:	Expedited	Application Received:	12/15/2014

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 Physical Medicine & Rehabilitation 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 33 year-old patient sustained an injury on 8/5/2005 while employed by [REDACTED]. Request under consideration is Klonopin 0.5 mg # 30, three refills. Diagnoses include major depression without psychotic behavior. The patient continues to treat for chronic ongoing symptoms. Report of 11/17/14 from the psyche provider noted the patient with difficulty sleeping, feeling scared and upset with headaches, difficulty walking in the morning along with chronic neck pain. Psyche exam showed patient with flat affect, depressed mood, limited insight, and fair judgment. Treatment plan included continued home exercise and medication of Wellbutrin with 2 refills and Klonopin with 3 refills. The request for Klonopin 0.5 mg # 30, three refills was denied on 11/19/14 citing guidelines criteria and lack of medical necessity.

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, three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 34.

Decision rationale: Review of follow-up report dated 12/9/14 noted unchanged chronic symptoms of anxiety, poor sleep quality with difficulty getting out in the morning. Exam was unchanged with findings of depressed mood and flat affect. Treatment included medication refills of Wellbutrin for another 2 refills, Cymbalta for 2 refills and Klonopin for 2 refills with 6 additional medical follow-up for the next 6-8 months. Klonopin (Clonazepam) is an anxiolytic, sedative hypnotic medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered or support beyond guidelines criteria for this 2005 chronic injury. The request for Klonopin 0.5 mg # 30, three refills is not medically necessary and appropriate.