

Case Number:	CM14-0041366		
Date Assigned:	06/27/2014	Date of Injury:	09/11/2001
Decision Date:	08/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehab and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 40-year-old female was reportedly injured on September 11, 2001. The mechanism of injury was related to the collapse of the [REDACTED] where the injured employee was at the time. The most recent progress note, dated December 2, 2013, indicated that there were ongoing complaints of anxiety, Post Traumatic Stress Disorder related issues, and restless sleep. The physical examination demonstrated a congruent but flat affect. There were no suicidal or homicidal ideations. Diagnostic imaging studies were not reviewed during this visit. Previous treatment was not stated. A request had been made for Klonopin and was not certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1 mg daily, 2 units: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Benzodiazepines Page(s): 24 of 127. Decision

based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682279.html>.

Decision rationale: Klonopin is a benzodiazepine medication used alone or in combination with other medications to control seizures, anxiety, or panic attacks. The most recent progress note, dated December 2, 2013, indicated that the injured employee continued to struggle with anxiety, hyper vigilance, and acute stress secondary to loud noises, crowded places, and other triggers of Post-Traumatic Stress Disorder (PTSD). Considering this, this request for Klonopin is medically necessary.