

Case Number:	CM14-0049083		
Date Assigned:	07/02/2014	Date of Injury:	08/28/2007
Decision Date:	09/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/16/2014

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 patient is 60-year-old male who has submitted a claim for major depression, pain disorder, and anxiety associated from an industrial injury date of August 28, 2007. Medical records from 2012-2014 were reviewed, the latest of which dated May 8, 2014 revealed that the patient has been feeling better mentally and not happy, but a lower grade depression than he usually has. His depression is somewhat better. His agoraphobia has gotten better. His panic attacks have not gotten to the point where they are fewer and far between. He still has symptoms of depression. He uses Klonopin for anxiety and said that he has been more social since. On mental status examination, his posture was moderately rigid and tense. His facial expression suggested moderate decreased variability of expression and bizarreness. The amplitude and quality of his speech was moderately decreased and slowed. He was slightly suspicious. He exhibited moderate apprehension and depression, moderately impaired abstract thinking and slightly impaired calculation ability and intelligence. His judgment is slightly impaired for managing daily living activities and making reasonable life decisions. He exhibited slight ideas of reference and influence, and associational disturbance. His thought flow was slightly decreased and slowed. Treatment to date has included psychotherapy, and medications, which include Abilify, Klonopin, Celexa, Zoloft, Cymbalta and OxyContin. Utilization review from March 14, 2014 denied the request for Clonazepam tablet 1mg weaning to off over 6 months because despite use, the patient has significant anxiety and depression and guidelines state that long term daily use can actually increase the anxiety problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam Tab 1mg weaning to off over 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

Decision rationale: As stated on page 24 of the CA MTUS Chronic Pain Medical 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 its use to 4 weeks. The patient has been on Clonazepam (Klonopin) since July 2012 for anxiety symptomatology. The most recent clinical evaluation revealed that the patient's anxiety is controlled with Klonopin use. However, he still complained of anxiety, fear, denial, uncertainty, depression, apprehension and feeling overwhelmed. There is no discussion to support the need for continuation of Clonazepam use. Moreover, extension of treatment is beyond guideline recommendation. Therefore, the request for Clonazepam tablet 1mg weaning to off over 6 months is not medically necessary.