

Case Number:	CM14-0062746		
Date Assigned:	07/11/2014	Date of Injury:	06/23/2007
Decision Date:	10/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for depression, anxiety, sleep disturbance, and sleep apnea reportedly associated with an industrial injury of June 23, 2007. Thus far, the applicant has been treated with the following: Psychotropic medications; anxiolytic medications; opioid therapy; and unspecified amounts of psychotherapy. In a Utilization Review Report dated April 17, 2014, the claims administrator partially certified a request for Klonopin, reportedly for weaning purposes. The applicant's attorney subsequently appealed. In a November 7, 2013 progress note, the applicant was described as having issues with depression, anxiety, and manic episodes. The applicant went on a few shopping sprees, it was stated. The applicant was having issues with headaches. The applicant stated that usage of Klonopin at nighttime was not completely ameliorating his sleep disturbance issues. A CPAP device, psychotherapy, and a psychiatric consultation were sought. On March 24, 2014, the applicant was again described as having issues with agitation, disorientation, and poor sleep. The applicant was using Klonopin for sedative effect, it was stated. Klonopin was not effective, however, as the applicant was waking up during the night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (updated 3/10/14)

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 clonazepam (Klonopin) may be appropriate for "brief periods," in cases of overwhelming symptoms, so as to afford and applicant the opportunity to recoup emotional or physical resources, in this case, however, the applicant has seemingly been using clonazepam for a span of at least six months, for sedative/hypnotic effect. This is not an ACOEM-endorsed role for Klonopin. No rationale for long-term usage of Klonopin was proffered. It is further noted that ongoing usage of Klonopin has, as suggested by the treating provider, failed to rectify the applicant's sleep disturbance issues. Therefore, the request is not medically necessary.