

Case Number:	CM14-0063753		
Date Assigned:	07/11/2014	Date of Injury:	11/16/2010
Decision Date:	08/29/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/06/2014

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 Psychiatry 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:

Injured worker is a 41 year old female with date of injury 11/16/2010. Date of the UR decision was 4/25/2014. Report dated 4/7/2014 indicated that she was seen for a psychiatric follow-up visit, and was taking Wellbutrin XL 300mg in the morning, Pristiq 100 mg daily, Clonazepam 0.5 mg twice daily and Temazepam 30mg nightly. She was being followed for anxiety, depression and PTSD associated to a work related incident in which she was assaulted. She also suffers from chronic pains and was being prescribed Norco 10/325 and Baclofen 10 mg by her primary care physician. She uses a cane to ambulate. Per report dated 4/7/2014, she complained of persistent anxiety and insomnia which was thought to be medication related and dose of Wellbutrin XL was reduced to 150mg in the morning. It was noted that in the past she was on Latuda and did not see any benefits from the medication so she stopped taking it. She had been going for counseling and remained totally disabled from gainful employment per that report. Psychiatrist report dated 1/30/2014 also indicated that Clonazepam 0.5 mg twice daily was being prescribed to the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonopin 0.5 mg Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Psychiatric Progress Reports, the injured worker has been prescribed Clonazepam on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks.