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| Case Number: | CM14-0069652 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 06/02/2005 |
| Decision Date: | 08/20/2014 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 05/14/2014 |

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 Psychiatrist 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 67 year old male with date of injury 6/2/2005. Date of the UR decision was 5/8/2014. Psychiatrist report dated 11/21/2013 suggested that the injured worker had signs and symptoms of major depressive disorder, generalized anxiety disorder and sleep disorder. He was being prescribed Wellbutrin SR 200 mg twice daily, Clonazepam 1 mg three times daily, Neurontin 600 mg three times daily, Cymbalta 90 mg daily. Abilify was discontinued per that report secondary to side effect of Aksthesia. Psychiatrist progress report dated 1/3/2014 indicated that she was prescribed several pain medications such as Norco, Methadone, Lyrica and Opana by the primary provider. Psychotropic medications including Abilify, Wellbutrin, Clonazepam, Neurontin and Cymbalta were continued at that visit. Psychiatrist progress report dated 4/3/2014 indicated that he had been taking Temazepam which was helping with sleep. Abilify, Wellbutrin, Clonazepam, Neurontin and Cymbalta were continued per that report. There is no documentation regarding any plan of taper on the benzodiazepines being prescribed. Report dated 2/23/2014 indicated that she was very upset and hard to understand as she had developed repetitive grinding movements of jaw and abnormal movements of the tongue. She was prescribed Abilify, Buspar, Pristiq, Diazepam, Namenda, Quetiapine and Lorzone. Per a report from 11/15/2013, she was continued on Buspar for anxiety, Klonopin for anxiety as needed, Namenda for memory, Seroquel for agitation and sleep and Abilify for agitation. Psychological testing done on 1/2/2014 suggested Beck Depression Inventory score of 12 (mild depression), Sleep Questionnaire score of 26 (suggesting fair sleep) and Beck Anxiety Inventory score of 15 (mild depression).

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Injured worker is a 67 year old male diagnosed with major depressive disorder, generalized anxiety disorder and sleep disorder. He was being prescribed Wellbutrin SR 200 mg twice daily, Clonazepam 1 mg three times daily, Neurontin 600 mg three times daily, Cymbalta 90 mg daily. Psychiatrist progress report dated 11/21/2013, 1/3/2014, 4/3/2014 indicated that Abilify, Wellbutrin, Clonazepam, Neurontin and Cymbalta were continued. There is no documentation regarding any plan of taper on the benzodiazepines being prescribed. He has been taking Clonazepam 1 mg three times daily per these reports. 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 Psychiatrist Progress Reports, the injured worker has been receiving Clonazepam 1 mg three times daily on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Clonazepam 1mg # 90 is not medically necessary.