

<b>Case Number:</b>	CM14-0079479		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/18/2005
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Child and Adolescent 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:

The injured worker is a 52 year old female who sustained stress at work with a date of injury of 7/18/2005. The injured worker was working for the school district. A subsequent complaint of neck and low back pain, with pain radiating into both lower extremities is noted. The injured worker also reported experiencing symptoms of depressed mood and anxiety, and is diagnosed with Depressive Disorder Not Otherwise Specified. She has also been diagnosed with Fibromyalgia. She underwent physical therapy and pool aqua therapy. The injured worker has been in maintenance psychiatric medication management with a psychiatrist, and is prescribed the medication Cymbalta for pain relief, anxiety and depression. She has some residual decreased motivation to do activities and decreased concentration span. The treating physician added the medication Klonopin to her medication in order to treat the anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.05mg QTY: 30.00: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress,Insomnia treatment, Benzodiazepines.

**Decision rationale:** The MTUS is not applicable. The ODG indicate benzodiazepine medications can be useful in the treatment of insomnia associated with depression and anxiety. Klonopin is clonazepam, a benzodiazepine class medication. The recommendation is for short term use only, as longer term use can lead to the development of tolerance, dependence, and significant adverse medication side effects, such as problems driving and operating machinery. The injured worker is diagnosed with depression, and Klonopin is not a medication which alleviates depression. Instead of providing Klonopin, the provider could increase the dose of Cymbalta from m 50mg daily to 60mg daily, which could improve the injured worker's anxiety and thus obviate the need for Klonopin altogether. Additionally, the request for 30 tablets of Klonopin for one month's use of medication would not be considered short term use, but instead could lead to dependence, which should be avoided. As a result, for these reasons the request is not medically necessary.