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| <b>Case Number:</b>   | CM14-0091640 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 12/02/2004 |
| <b>Decision Date:</b> | 09/24/2014   | <b>UR Denial Date:</b>       | 06/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/17/2014 |

### 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 Anesthesiology, has a subspecialty in Pain medicine and is licensed to practice in Nevada. 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 60 year old male injured on 12/02/04. The mechanism of injury is undisclosed. Diagnoses include major depressive disorder with anxious features, panic disorder, and posttraumatic stress disorder. Clinical note dated 03/25/14 included a psychopharmacologic consultation regarding Cymbalta, Clonazepam, Lyrica, Naproxen, Pantoprazole and Tamulosin. The documentation indicates the injured worker reported ongoing difficulty obtaining medications. The injured worker reported pain with urination with the use of Duloxetine; requesting brand name prescription, also reporting running out of other medications approximately one week prior to evaluation. The injured worker is no longer attempting to taper Klonopin and taking 0.25 milligrams twice daily at the time of evaluation. The injured worker reported walking more, getting into a pool, and rating pain at 6/10, improved sleep, stable weight, and improved appetite, no longer having suicidal ideation, neck and back pain continued, However, mostly unchanged. Treatment plan included increase Cymbalta to 60 milligrams twice daily and continue low dose Clonazepam at 0.25 milligrams twice daily. The initial request for Clonazepam 0.5 milligram 1/2 tablet twice per day quantity thirty with two refills and Prazosin 2 milligrams titrating dose quantity 150 with two refills was non-certified on 06/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5 mg. 1/2 tablet BID (twice per day) # 30 X 2 refills: 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 Benzodiazepines Page(s): 24.

**Decision rationale:** As noted in the 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 use to four weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Documentation indicated a weaning program was to be implemented. As such the request for Clonazepam 0.5 milligrams 1/2 tablet twice daily quantity thirty with two refills is not medically necessary.

**Prazosin 2 mg. titrating dose # 150 X 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes (Type 1, 2, Gestational, Hypertension treatment.

**Decision rationale:** As noted in the Official Disability Guidelines, "Prazosin is a second line treatment for hypertension." There is no indication in the documentation that other first line therapies have been attempted. As such, the request for Prazosin 2 milligrams titrating dose quantity 150 with two refills is not medically necessary.