

Case Number:	CM14-0093030		
Date Assigned:	07/25/2014	Date of Injury:	10/11/2007
Decision Date:	09/30/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 58 year old male who was injured at work on 10/11/2007. He was electrocuted while fixing electrical wiring. He suffered injuries to his cervical spine and lower back, left hand, a laceration to his nose, and secondarily developed symptoms of depression. He was later diagnosed with Post Traumatic Stress Disorder (PTSD). He received physical therapy, chiropractic care, a lumbar MRI, and analgesic medication. He later became extremely anxious and had difficulty leaving his house as a result. Based on the 4/24/14 progress report, the injured worker has achieved a plateau in his symptoms, and his wife feels that he has improved. He has been able to leave the house. He is currently prescribed the psychotropic medications Effexor, Zoloft, and Klonopin. The provider would like to add Abilify, as well as wean the injured worker off of the Klonopin. For the purposes of weaning, the request is for 90 tablets of Klonopin 0.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 mg #90 for weaning to off over the next three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, ; Weaning of Medications Page(s): 24 of 127; 124.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, Weaning of Medications, pages 24 of 127; 124. The Expert Reviewer's decision rationale: The injured worker is a 58 year old male who was injured at work on 10/11/2007. He was electrocuted while fixing electrical wiring. He suffered injuries to his cervical spine and lower back, left hand, a laceration to his nose, and secondarily developed symptoms of depression. He was later diagnosed with Post Traumatic Stress Disorder (PTSD). He received physical therapy, chiropractic care, a lumbar MRI, and analgesic medication. He later became extremely anxious and had difficulty leaving his house as a result. Based on the 4/24/14 progress report, the injured worker has achieved a plateau in his symptoms, and his wife feels that he has improved. He has been able to leave the house. He is currently prescribed the psychotropic medications Effexor, Zoloft, and Klonopin. The provider would like to add Abilify, as well as wean the injured worker off of the Klonopin. For the purposes of weaning, the request is for 90 tablets of Klonopin 0.5mg. The request is not medically necessary.