

<b>Case Number:</b>	CM14-0094084		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Physical Medicine and Rehabilitation 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 records indicate the injured worker is a 52 year old male injured on July, 27, 2011 due to an unknown mechanism of injury, but is noted to have multiple injured body parts. Progress note from a Qualified Medical Evaluator dated July 03, 2014, states the injured worker presents with anxiety but unable to obtain antidepressants medications. Blood pressure on this day was 150/100, no chest pain. Klonopin was prescribed on this day. Secondary treating physician progress note dated June 18, 2014, states the injured worker's diagnoses include posttraumatic head syndrome with significant headaches, status post ocular surgery with history of hardware placement and subsequent hardware removal; cervical disc osteophyte C3-C4 and C6-C7 with resulting cervical radiculitis vs. radiculopathy and intermittent paresthesia of the right upper extremity; cervicogenic headache; and cervical myofasciitis. Prior utilization review denied request for Klonopin 0.25mg #60 on July 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.25 mg #60:** Upheld

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

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

**Decision rationale:** According to the guidelines, Benzodiazepines are not recommended. These medications 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. Clonazepam (Klonopin) is not recommended. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. There is no documentation of significant improvement in anxiety or function with prior use of this medication. The medical records do not reveal a clinical rationale that establishes Klonopin is appropriate and medically necessary for this patient. Therefore, the request of Klonopin 0.25 mg #60 is not medically necessary.