

<b>Case Number:</b>	CM14-0094438		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/21/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/21/2014
<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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, anxiety, major depressive disorder, and headaches reportedly associated with an industrial injury of April 21, 2009. Thus far, the applicant has been treated with psychotropic medications; anxiolytic medications; sleep aids; unspecified amounts of physical therapy; unspecified amounts of psychological counseling; and extensive periods of time off of work. In a Utilization Review Report dated May 21, 2014, the claims administrator partially certified a request for Klonopin, approved a request for Ambien, and approved a request for Prozac. The applicant's attorney subsequently appealed. In a September 9, 2013 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of elbow, wrist, and shoulder pain with associated upper extremity paresthesias. In a September 17, 2013 progress note, the applicant was described as having ongoing issues with anxiety, a dysphoric mood, apprehensiveness, and depression. The applicant was asked to continue Klonopin, Prozac, and Ambien. The applicant was placed off of work, from a mental health perspective. On November 10 2013, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of depression. The applicant had apparently developed anxiety when her Workers' Compensation claims administrator asked her to repay certain benefits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Klonopin.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that anxiolytics such as Klonopin may be employed for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider and/or the applicant appear intent on employing Klonopin for chronic, long-term, and scheduled-use purposes, for anxiety. This is not an ACOEM-endorsed role for Klonopin. Therefore, the request is not medically necessary.