

Case Number:	CM14-0005981		
Date Assigned:	03/03/2014	Date of Injury:	01/21/1991
Decision Date:	01/02/2015	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/15/2014

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 Family Practice 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 female claimant sustained an unspecified work injury on 1/21/91. She was diagnosed with depression, post-traumatic stress disorder, anxiety and insomnia. A progress note on 7/27/11 indicated the claimant had been feeling depressed and frightened. She had nightmare, panic attacks and paranoia. She was continued on Nortryptiline, Abilify, Klonopin and Seroquel. A progress note on 9/27/11 indicated similar symptoms. She was being tapered on Pamelor. Effexor was started; Seroquel was increased, while Abilify and Klonopin were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE KLONOPIN 1 MG ONE TO TWO Q4-6 PRN ANXIETY

DOS:07/27/2011 AND 09/27/11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, BENZODIAZEPINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), BENZODIAZEPINES

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. According to the ODG guidelines, benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Adults who use hypnotics, including benzodiazepines, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. In this case, the claimant had been on Klonopin for months. SSRI and other medications as well as behavioral therapy are more appropriate for long-term options and solutions. The continued use of Klonopin is not medically necessary.

RETROSPECTIVE BENZOPRINE DOS:07/27/2011 AND 09/27/11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 68.

Decision rationale: Benzoprime search does not list any active approved medication. It is most associated with a muscle relaxant. The exam notes do not specify the use of Benzoprime. However, the UR review mentions its use and denial. According to the guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the clinical notes do not support the use of Benzoprime. Length of use or clinical necessity and response are not mentioned. The request for Benzoprime is not medically necessary.