

Case Number:	CM14-0187381		
Date Assigned:	11/17/2014	Date of Injury:	12/28/1995
Decision Date:	01/06/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency 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 patient has a reported date of injury on 12/28/1995. The mechanism of injury was not provided. The patient has a diagnosis of major depressive disorder and "psychological factors affecting medical condition." The patient also has a history of back pains, joint and muscle pains, headaches and forgetfulness. Medical reports were reviewed with the last report available until 9/20/14. The patient is depressed and sleeps 8-9hours per night. Objective findings were not documented. It merely states, "The patient's been taking this medication for years. It's medically necessary to continue taking the meds for his wellbeing." The reason the patient was taking Klonopin was for anxiety. No imaging or other reports were provided. Medications noted on progress note are Prozac, Lamictal and Klonopin. The Independent Medical Review is for Klonopin 1mg #90. A Prior UR on 10/10/14 recommended approval of Prozac and Lamictal. It denied Klonopin and modified to weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg bid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: Klonopin is a Benzodiazepine. As per the MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient has been on other benzodiazepines for many months. The prescription shows chronic daily use and not intermittent use for panic attacks only. The chronic use of Klonopin is not appropriate and Klonopin is not medically necessary.