

<b>Case Number:</b>	CM14-0190697		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	08/14/2000
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Internal 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:

Pursuant to the psychiatric follow-up visit note dated October 23, 2014, the injured worker reported doing fairly well, and denied being depressed most of the time. He states that he is "out of medications" and has been trying to "cut down on Klonopin," but finds it difficult to cut down on it. His sleep is very poor and he has to take very high doses of Intermezzo or Restoril. He denies any suicidal ideation. He denies problems with appetite. The injured worker has been diagnosed with mood disorder. The provider indicated that he would continue the injured worker on Klonopin 1mg, Cymbalta 60mg, Abilify 50mg, and Restoril 30mg. The provider is going to discontinue Zyprexa and Lexapro. The provider encouraged the injured worker to attempt to sleep without the help of medications on some nights during the week. There were limited clinical notes in the 23 page medical record that was submitted for review. Documentation did indicate that the injured worker has been taking Klonopin and Restoril since at least January of 2014. The injured worker is permanent and stationary and is unable to engage in gainful employment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg #25:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Restoril 30 mg #25 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepine use is the treatment of choice in very few conditions. Restoril (Temazepam) is not recommended according to the guidelines. In this case, Restoril is noted in the January 2014 progress note. It is unclear as to the injured worker's prior use based on the medical documentation and the availability of medical records in the 23 page chart provided. There is no compelling clinical documentation to support the protracted use of Restoril. The treating physician clearly exceeded the recommended guidelines and consequently, Restoril 30 mg #25 is not medically necessary.

**Klonopin 1mg #90:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Klonopin 1 mg #90 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepine use is the treatment of choice in very few conditions. In this case, Klonopin is noted in the January 2014 progress note. It is unclear as to the injured workers prior use (duration) based on the medical documentation and the availability of medical records in the 23 page chart provided for review. Additionally, Klonopin (clonazepam) is not recommended for in the guidelines. There is no compelling clinical documentation to support the long-term use of Klonopin. Consequently, Klonopin 1 mg #90 is not medically necessary.