

Case Number:	CM14-0206430		
Date Assigned:	12/18/2014	Date of Injury:	09/11/2009
Decision Date:	02/06/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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 New York. 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 is a 46 year old female psych technician with a date of injury of 09/11/2009. She fell and had forehead trauma. The back, hands, knees and elbows are accepted body part injuries. On 02/03/2010 she had a cervical MRI that revealed C6-C7 and C5-C6 - 2 mm disc bulge. At C7-T1 there was a 2 - 3 mm disc bulge. On 01/18/2011 EMG/NCS of both upper extremities revealed bilateral carpal tunnel syndrome. On 06/26/2013 a urine drug screen was positive for Norco, Tramadol, Klonopin and acetaminophen. On 08/22/2013 a NCS/EMG was normal. On 04/20/2014 she had a C5-C6 and C6-C7 discectomy with fusion. On 09/04/2013 an urine drug test was positive for opiates. On 09/24/2014 she was depressed but less anxious. She was taking Effexor, Klonopin, Trazodone and Wellbutrin. On 11/03/2014 she was taking the same medications. She has a listed diagnosis of depression and panic disorder with agoraphobia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2 mg #120: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Klonopin FDA approved package insert

Decision rationale: The patient is a psych technician who has depression and panic attacks/panic disorder with agoraphobia. Klonopin is a benzodiazepine that is FDA approved for the treatment of panic attacks. She has a FDA approved indication for treatment with Klonopin and it is medically necessary.