

<b>Case Number:</b>	CM15-0007949		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/05/2005
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 33 year old female who sustained a work related injury August 5, 2005. According to a secondary physician's progress report dated December 9, 2014, the injured worker presented with ongoing severe anxiety; revealed as panic attacks, difficulty leaving the home and episodes of crying. Objective findings flat affect and depressed and poor sleep ranging 5-6 hours/night. The last panic attack was undated, but within the last month, lasting approximately 10-15 minutes and described as dark in front of eyes and couldn't get herself together. Diagnosis is documented as major depression. Treatment included request for authorization for medications and six additional sessions of medical management over the next 6-8 months and to make a habit of going to the gym after session with physician to create a habit. Work status is considered permanent and stationary. According to utilization review dated December 17 2014, the requests for Cymbalta and Wellbutrin SR were authorized. The request for (6) Additional Sessions of Medical Management over the next (6-8) months has been modified to (3) sessions. The request for Klonopin 0.5mg Q AM #30- (2) refills is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5 mg Q AM #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Per the 12/09/14 report the patient presents for follow up with a diagnosis of major depression. The current request is for KLONOPIN 0.5 mg Q AM #30a Benzodiazepine. The RFA is not included. The patient is currently disabled. MTUS, Benzodiazepines, page 24 states, Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. The 12/09/14 report states, Pt does require ongoing mgmt. with Klonopin, for her severe anxiety. I do not see evidence of sedation or cognitive decline as a result of the use of the benzodiazepine. While we can certainly work toward weaning off the klonopin, she is on a very low dose to begin with, and she has made slow progress in functioning both at home and outside as a result of the lowered anxiety. This report also quotes the patient as saying, Before Klonopin, I was having so many anxiety attacks. However, guidelines do not recommend long term use of this medication and this patient has been prescribed Klonopin on a long-term basis from at least 04/18/14 to 12/30/14. Lacking recommendation by guidelines, the request IS NOT medically necessary.

**Office visit - additional sessions of medical management over next 6-8 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** Per the 12/09/14 report the patient presents for follow up with a diagnosis of major depression. The current request is for OFFICE VISIT-ADD ADDITIONAL SESSIONS OF MEDICAL MANAGEMENT OVER NEXT 6-8 MONTHS. The RFA is not included. The 12/09/14 report states this request is for 6 visits of med management. The 12/17/14 utilization review modified this request to 3 visits. The patient is currently disabled. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Medications are listed as Wellbutrin, Cymbalta and Klonopin. The 12/09/14 report states, Pt does require ongoing mgmt. with Klonopin, for her severe anxiety. In this case, the patient is documented with major depression and anxiety. Guidelines allow for referral to the expertise of specialists when psychosocial factors are present and when the patient's course of care may benefit. However, the treater does not explain why 6 visits are necessary when RTC is

in 2 months. Three additional visits have been authorized. The request IS NOT medically necessary.