

Case Number:	CM15-0106149		
Date Assigned:	06/10/2015	Date of Injury:	10/04/2004
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/02/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old female, who sustained an industrial injury on 10/04/2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having major depressive disorder, deferred, spinal stenosis of the lumbar region, displacement of the lumbar intervertebral disc without myelopathy, and spondylolisthesis. Treatment and diagnostic studies to date has included laboratory studies, lumbar epidural steroid injection, psychotherapy, and medication regimen. In a progress note dated 03/23/2015 the treating physician reports complaints of shifted day/night cycle, a sad and constricted affect, and an anxious and depressed mood. As of 03/23/2015 the injured worker's current medication regimen included Klonopin, Viibryd, Bupropion, Trazadone, Phentermine, Synthroid, Spironolactone, Topamax, Aspirin, Metformin ER, Norco, and a multivitamin. The treating physician requested the medication Klonopin 1mg by mouth every night at bedtime with a quantity of 30 with 2 refills to be used with Trazodone for addressing the injured worker's insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg by mouth every night at bedtime #30 with 2 refills: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use. Generally it is no longer than 4 weeks and state that a more appropriate treatment would be an antidepressant. The request for Klonopin 1mg by mouth every night at bedtime #30 with 2 refills is determined to not be medically necessary.