

Case Number:	CM15-0106642		
Date Assigned:	06/11/2015	Date of Injury:	01/29/2003
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
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: Internal 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 01/29/2003. According to a progress report dated 03/03/2015, the injured worker reported feeling the same with overall improvement in anxiety and depression. She had experienced some irritability and anger, however, it had been more manageable. Her major complaint was increasing pain in her left upper extremity as well as pain in the bilateral hip area. She remained compliant with Prozac, Wellbutrin and Trazodone which had helped significantly with sleep induction and maintenance but at 150mg level. Current medications included Prozac, Wellbutrin and Trazodone. Diagnoses adjustment disorder with depressed and anxious mood chronic, depressive disorder not otherwise specified, anxiety disorder not otherwise specified, bilateral carpal tunnel syndrome, thoracic outlet syndrome, musculoligamentous strain and sprain, status post injury to neck, shoulder and bilateral upper extremities with left being greater than right and hypothyroidism. The treatment plan included Prozac, Wellbutrin SR, Trazodone and Klonopin and continuance of therapy. The injured worker was not temporarily totally disabled based on psychiatric illness or symptoms. Currently under review is the request for Klonopin 0.5mg quantity 30 every day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 mg Qty 30, every day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Benzodiazepines, Clonazepam (Klonopin).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are 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. ODG guidelines state that Clonazepam (Klonopin) is not recommended. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. The psychiatric progress report dated January 22, 2015 documented the diagnoses of adjustment disorder, depressive disorder, anxiety disorder, bilateral carpal tunnel syndrome, thoracic outlet syndrome, musculoligamentous strain and sprain, status post injury to neck, shoulder, and bilateral upper extremities, and hypothyroidism, and the prescription of Klonopin. The primary treating physician's progress report dated 5/8/15 documented knee and back conditions and depression secondary to chronic pain. Klonopin was requested. Medical records document the long-term use of Klonopin (Clonazepam). Per MTUS, long-term use of Klonopin (Clonazepam) is not recommended. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. MTUS and ODG guidelines do not support the use of Klonopin (Clonazepam). Therefore, the request for Klonopin is not medically necessary.