

Case Number:	CM15-0019371		
Date Assigned:	03/12/2015	Date of Injury:	11/21/2011
Decision Date:	04/17/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/03/2015

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 62 year old male, who sustained an industrial injury on 11/21/2011. He has reported subsequent anxiety and depression and was diagnosed with major depressive disorder. Treatment to date has included anti-anxiety and anti-depressant medication and psychotherapy. In a progress note dated 11/20/2014, the injured worker reported being less anxious. A request for authorization of a Klonopin refill was made. On 01/07/2015, Utilization Review modified a request for Klonopin from a quantity of 90 to quantity of 30, noting that this medication should not be used long term and that it should be weaned. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

Decision rationale: The injured worker is being treated for a post injury major depressive episode. Records indicate that Zoloft and Klonopin were being prescribed since at least March 2014 according to utilization review. During a peer-to-peer conference, the treating physician agreed to weaning Klonopin, as the patient is reporting less anxiety. According to MTUS guidelines, benzodiazepine tapering recommendations are 1/8 to 1/10 of the daily dose every 1-2 weeks. It is also noted that tapering may take as long as one year to avoid lethal withdrawals. Request for Klonopin #90 with 1 refill for the purposes of reduction by 10% per week over 2-3 months meets MTUS guidelines recommendations. However, records do not provide specifications of a weaning schedule. It is therefore difficult for this reviewer to adequately conclude medical necessity of the request. The request as written is therefore not medically necessary.