

Case Number:	CM15-0133076		
Date Assigned:	07/21/2015	Date of Injury:	10/10/1996
Decision Date:	08/27/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 54 year old male, who sustained an industrial injury on October 10, 1996. He reported head pain, neck pain, headaches, right shoulder pain, pain in the right wrist with associated tingling and numbness in the entire right arms at times and in the third and fourth digits, lumbosacral pain and radiating pain to the right lower extremity all the way to the floor with associated tingling and numbness at times. The injured worker was diagnosed as having major depressive illness, moderate, anxiety disorder, cervical spine strain/sprain, cervical spine degenerative disc disease, status post right shoulder surgery, lumbar spine strain/sprain, lumbar spine degenerative disc disease, right knee strain and bilateral carpal tunnel release. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the bilateral wrists and right shoulder, physical therapy, right wrist injection, medications, right wrist support and work restrictions. Currently, the injured worker complains of continued pain with associated depression and anxiety. The injured worker reported an industrial injury in 1996, while working as a building inspector, resulting in the above noted pain. He reported walking into an unlit basement and striking his head on a brace. He noted seeing stars and feeling dizzy. He was assisted to the nurse's office by a coworker where he rested with ice on his head for 20 minutes. He then thought he was able to walk to the supervisor's office however he collapsed on the way falling on his right side. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 27, 2000 revealed he continued to have pain and numbness on the right upper and lower extremities, neck, right shoulder, right wrist and right digits. He reported right sided weakness. Physical therapy was completed without significant

benefit. It was noted he became depressed secondary to the chronic pain and began having panic attacks. He was evaluated and treated in 2012 for three days in a psychiatric hospital. He continued to work until December, 1996. Evaluation on December 10, 2014, revealed pressured speech and depressed mood. Klonopin was continued. Evaluation on January 6, 2015, revealed improvement in mood with psychotherapy. Extra sessions were requested. Electrodiagnostic studies of bilateral lower extremities on January 20, 2015, revealed no evidence of lumbar radiculopathy or peripheral neuropathy. Evaluation on February 19, 2015, revealed continued pain. Evaluation on March 18, 2015, revealed active depression. He was noted to have spontaneous speech, casual dress and groomed. His mood was described as dispirited and he was noted to have an anxious and tense affect. It was noted he had been using Klonopin. Klonopin 1mg, quantity: 60 with 1 refill was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg, quantity: 60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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. Their range of action includes sedative/hypnotic, anxiolytic, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Klonopin 1 mg twice daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Klonopin 1mg, quantity: 60 with 1 refill i.e. a two month supply is excessive and not medically necessary.