

<b>Case Number:</b>	CM15-0133145		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	04/04/1998
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Connecticut, California, Virginia  
 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 56 year old male, who sustained an industrial injury on 4-04-1998. He reported being attacked while working as a juvenile officer. The injured worker was diagnosed as having panic disorder without agoraphobia, post-traumatic stress disorder, major depressive affective disorder, recurrent episode, moderate, and other pain disorders related to psychological factors. Treatment to date has included medications and mental health treatment. A progress report (1-19-2015) noted panic disorder. He was having a lot of anxiety and panic attacks and Ativan was not getting authorized, so he was switched to Klonopin (1mg twice daily). The progress report (4-20-2015) noted that his anxiety levels remained high but he was not having significant panic attacks. His Klonopin was reduced (0.5mg twice daily). The progress report (5-04-2015) noted daytime sleepiness and further reduction in Klonopin (0.5mg at night), with recommendation for restart of Adderall XR. On 6-01-2015, the injured worker appeared less anxious and depressed since restarting Adderall. Other medications included Vicoprofen, Prozac, and Cymbalta. It was documented that Adderall was helpful for his narcolepsy. The current treatment plan included Klonopin 0.5mg twice daily. He was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin tab 0.5mg 1 PO BID-panic/anxiety: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants and Weaning of Medications Page(s): 66 & 124.

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

**Decision rationale:** The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation unreasonable according to utilization review, and the request was appropriately modified for weaning purposes. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug. Therefore the request for klonopin is not considered medically necessary at this time, and modification per utilization review decision is considered reasonable in order to facilitate weaning.