

<b>Case Number:</b>	CM15-0135447		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/18/2006
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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 41-year-old female, who sustained an industrial injury on 2-18-2006. The current diagnoses are pain disorder associated with psychological factors and general medical condition, chronic post-traumatic stress disorder, and major depressive episode, severe, without psychosis. According to the progress report dated 6-10-2015 & 6-11-2015, the injured worker presents with the following psychiatric symptoms of anger, sleep disturbance, nightmares, recollections, avoidance and anxiety, fear, depressed mood, decreased self-esteem, dyscognition, crying, isolation, hopelessness, and suicidal ideation. Per notes, she admits suicidal ideation; however, she denies current suicidal intent and plan. The mental status examination reveals non-specific affect, crying profusely and continually, and her overall mood spoke of depression and anxiety. The current medications are Topiramate, Norco, Clonazepam, Zolpidem, Sertraline, and Trazodone. There is documentation of ongoing treatment with Clonazepam since at least 2-9-2015. Treatment to date has included medication management and psychotherapy. Work status is described as temporary total disability. The original utilization review (6-22-2015) partially approved a request for Clonazepam #60 (original request for #90) and psychiatric sessions #4 (original request for #10).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg #90 (Klonopin): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

**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, anticonvulsant, 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 Klonopin 0.5 mg three times daily on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Clonazepam 0.5mg #90 (Klonopin) is excessive and not medically necessary.

**Ten psychiatric sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a healthcare provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The injured worker has been diagnosed with chronic post-traumatic stress disorder, and major depressive episode, severe, without psychosis. She is being prescribed psychotropic medications including Topiramate, Clonazepam, Zolpidem, Sertraline, and Trazodone. The request for ten psychiatric sessions is excessive and not medically necessary, as the injured worker is not any medications needing such close monitoring as ten more office visits.