

Case Number:	CM15-0137959		
Date Assigned:	07/28/2015	Date of Injury:	03/29/1999
Decision Date:	09/24/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old male patient who sustained an industrial injury on 3/29/1999. The diagnoses included shoulder pain. Per the doctor's note dated 6/25/2015 he had right shoulder pain rated 6/10 with medications and at 9/10 without medication. His activity level has increased. The physical examination revealed restricted right shoulder motion with tenderness and restricted left shoulder range of motion, positive Hawkin's, empty can test and Lift off test bilaterally and positive crossover test on the right, decreased strength on the right upper extremity compare to the left. The medications list includes klonopin, seroquel, lyrica, methadone and lidoderm patch. She has had right shoulder MRI which revealed full thickness rotator cuff tear. The treatment included medications and shoulder injections. Urine drug screen were consistent. Klonopin was prescribed for anxiety. Klonopin 20 tablets were requested for weaning. The injured worker had not returned to work. The requested treatments included Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 08/31/15) Benzodiazepine.

Decision rationale: Q--Klonopin 0.5mg #20. Klonopin contains clonazepam which is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from non-psychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. However Klonopin 20 tablets were requested for weaning in this case. Therefore the request of Klonopin 0.5mg #20 is medically appropriate and necessary for weaning purposes.