

<b>Case Number:</b>	CM15-0140485		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: 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 54 year old male, who sustained an industrial injury on 05-16-2013. He has reported injury to the head, neck, right shoulder, and low back. The diagnoses have included closed head injury with post-traumatic headaches, dizziness, and cognitive difficulties; post-concussion syndrome; cervical sprain with possible discogenic process and spinal stenosis; back pain; lumbosacral sprain; right shoulder strain, status post two surgeries in the past; and post-traumatic stress disorder. Treatment to date has included medications, diagnostics, injections, psychotherapy, and physical therapy. Medications have included Norco, Motrin, Valium, Imitrex, Tramadol, Soma, Diclofenac, Zoloft, Wellbutrin XL, Abilify, Clonazepam, and Ambien. A progress report from the treating physician, dated 06-29-2015, documented a follow-up visit with the injured worker. The injured worker reported that he is doing alright; he is still depressed; still having nightmares, but less so; the addition of Abilify seems to have helped in that regard; the Klonopin has provided very important mood stabilization for him and essentially stopped the drinking that he was doing; the combination of Zoloft at night for depression and Klonopin twice a day for anxiety has essentially stopped his drinking; and he has been approved for a head injury clinic. Objective findings included no evidence of gross agitation or psychomotor retardation; mood is intermittently depressed, but less so; appropriate affect; oriented to person, place, time, and situation; and memory is grossly intact to immediate recall, recent, and remote events. The treatment plan has included the request for Klonopin 1 mg, sixty count.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section and Weaning of Medications Section Page(s): 24, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for some time and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Klonopin 1 mg, sixty count is not medically necessary.