

<b>Case Number:</b>	CM15-0190239		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/19/2005
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 60 year old male, who sustained an industrial injury on 5-19-2005. The injured worker is being treated for major depressive disorder and panic disorder. Treatment to date has included psychiatric care. Per the Psychiatric Follow-up Report dated 9-09-2015 the injured worker reported a recent stressor in which he got into a fight with his 32 year old son and the police had to be called. He reported continuing back pain otherwise has been doing well regarding his depression. Objective findings were not documented at this visit. The plan of care included continuation of Klonopin for anxiety and restlessness which as reduced to #70. On 3-23-2015, the IW rated his pain level as 7-8 out of 10. He is requesting Klonopin for anxiety. He takes Valium, which works, for his muscle spasms but not for his anxiety. Per the Psychiatric Report dated 4-07-2015, he is prescribed Klonopin for anxiety. Per the medical records dated 3-23-2015 to 9-09-2015 there is no documentation of functional improvement or decrease in symptoms attributed to Klonopin. Authorization was requested for Klonopin 0.5mg #70. On 9-17-2015, Utilization Review modified the request for Klonopin 0.5mg #70.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5mg #70:** 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 prescribed Klonopin 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. Thus, the request for Klonopin 0.5mg #70 is excessive and not medically necessary. It is to be noted that the UR physician authorized Klonopin 0.5mg #35 for the purpose of safe taper.