

Case Number:	CM15-0193701		
Date Assigned:	10/07/2015	Date of Injury:	02/25/2002
Decision Date:	11/23/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/02/2015

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 59 year old male, who sustained an industrial injury on 2-25-2002. A review of the medical records indicates that the injured worker is undergoing treatment for bipolar disorder with most recent episode depressed and anxiety, insomnia, and multiple joint injuries. On 8-13-2015, the injured worker reported a resurgence of depression and anxiety when his medication dose was cut to cover lack of prescription, with related symptoms of lack of motivation, poor concentration, decreased energy, depressed mood, sleep decreased, and feelings of not wanting to live, without suicidal plan or intent. The Treating Physician's report dated 8-13-2015, noted that the injured worker had his medication reapproved and was back to the regular dosage with improved sleep, denial of suicidal thoughts, increased energy, motivation, and ability to experience joy all improved-normalizing, with his mood stabilizing on medications, less irritable and prone to less anxiety. The injured worker's current medications were noted to include Lipitor, Lioresal, Vitamin D, Klonopin, Benadryl, Cymbalta, Abilify, Ferrous Sulfate, Neurontin, Ibuprofen, Levothyroxine, and Melatonin, with the injured worker noting increased ease of becoming dehydrated on medications. The objective findings included more spontaneous speech which was clear and regular, low and irritable mood, though improving, linear and logical thought process, and intact attention, concentration, and global memory. Prior treatments have included Lithium, Restoril, Lunesta, and Baclofen. The treatment plan was noted to include Abilify increased dosage for increased for mood stabilization of bipolar disorder, Cymbalta for bipolar depression and anxiety and as possible adjunct for chronic pain, Clonazepam for anxiety, prescribed since at least 10-10-2014, and supportive psychotherapy as indicated. The request for authorization dated 9-11-2015, requested Clonazepam 0.5mg, #60. The Utilization Review (UR) dated 9-18-2015, modified the request for Clonazepam 0.5mg, #60 to Clonazepam 0.5mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

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. The injured worker has been diagnosed with bipolar disorder with most recent episode depressed and also has been diagnosed with anxiety as well as insomnia. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Clonazepam 0.5 mg twice daily 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. The request for Clonazepam 0.5mg, #60 is excessive and not medically necessary.