

Case Number:	CM15-0195727		
Date Assigned:	10/09/2015	Date of Injury:	08/13/2003
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on 08-13-2003. He has reported subsequent low back and left lower extremity pain, anxiety and depression and was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy, generalized anxiety disorder and other specified depressive disorder. Treatment to date has included pain, benzodiazepine and anti-depressant medication, which were noted to provide some relief of symptoms. Documentation shows that Klonopin was prescribed at least as far back as 03-25-2015. During the 03-25-2015 psychiatric follow up report, the injured worker's BDI score was noted to show mild depression that was improved and BAI score was noted to show mild anxiety that was noted to be improved. In a psychiatric progress note dated 07-29-2015, the injured worker reported that he was out of medications for 4 weeks and was stressed, irritable and not sleeping. The injured worker reported the level of disability from depression to now be severe in extent but that his symptoms had lessened in frequency or intensity. Feelings of restlessness and irritability were noted to have lessened but excessive worrying and difficulty concentrating had not improved. Objective examination findings showed BDI score revealed severe depression and BAI score showed moderate anxiety that was documented as an improvement, a glum, morose appearance, sad demeanor, depressed thought content, body posture and attitude that conveyed a depressed mood and a nervous demeanor. Work status was documented as off work. The physician noted that no adverse side effects of benzodiazepine use

were noted and that the injured worker wanted to continue with long term use of benzodiazepines. A request for authorization of Klonopin 1 mg #30 with three refills was submitted. As per the 09-15-2015 utilization review, the request for Klonopin 1 mg #30 with three refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #30 with three refills: 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: Klonopin (Clonazepam) is an anxiolytic, sedative hypnotic medication in the benzodiazepine family, which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered or support beyond guidelines criteria for this chronic 2003 injury. The Klonopin 1mg #30 with three refills is not medically necessary and appropriate.