

Case Number:	CM15-0202828		
Date Assigned:	10/19/2015	Date of Injury:	10/11/2012
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/15/2015

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: Emergency 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:

This is a 54 year old 54 with a date of injury of October 11, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for major depression recurrent and posttraumatic stress disorder. Handwritten medical records dated August 19, 2015 indicate that the injured worker complained of depression. Per the Agreed Medical Evaluation (August 3, 2015), the employee was not working. The exam reveals a dysphoric mood, coherent speech, tense affect, frustration, decreased concentration, and fair insight and judgment. Treatment has included medications (Clonazepam since at least June of 2015, and Zoloft) and psychotherapy. The original utilization review (September 22, 2015) non-certified a request for Clonazepam 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg, #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: Clonazepam or Klonopin is a benzodiazepine. Patient is also on Restoril, another benzodiazepine for unknown reason. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. There is no documentation of any benefit from continued use. Chronic use of benzodiazepine such as Clonazepam is not medically necessary.