

Case Number:	CM15-0207635		
Date Assigned:	10/26/2015	Date of Injury:	11/02/1998
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/21/2015

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 70 year old male who sustained an industrial injury on 11-02-1998. According to a psychiatric progress report dated 10-09-2015, Latuda was discontinued during the last visit. The provider noted that the injured worker did "fine" without Latuda. He described his depression as mild to moderate. He was still unmotivated and anxious at times. He slept well with the help of medication. He enjoyed being online and on the computer. He had no feelings of hopelessness and helplessness. His energy was good. His concentration was poor but helped by Adderall. He had no psychomotor agitation or retardation, no suicidal ideations or homicidal ideations. He had been compliant with medications and had no side effects. He had a good appetite and weighed 211 pounds. He lost 4 pounds of weight. He was trying to eat health. He lived alone. He was going to see his son around Christmas. Adderall, Brintellix for depression and Klonopin two times a day as needed for anxiety and restless were continued. Urine toxicology performed on 04-27-2015 and 06-17-2015 was positive for 7-aminoconazepam, amphetamines, and opioids and was noted as consistent. An authorization request dated 10-12-2015 was submitted for review. The requested services included Adderall 10 mg #15, Brintellix 20 mg #30 and Klonopin 0.5 mg #45. On 10-14-2015, Utilization Review modified the request for 1 prescription for Klonopin 0.5 mg #45 and authorized the request for Adderall and Brintellix.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Klonopin 0.5 mg #45: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker has been prescribed Klonopin for chronic anxiety which is not supported by the guidelines. The request for 1 prescription for Klonopin 0.5 mg #45 is determined to not be medically necessary.