

<b>Case Number:</b>	CM15-0021562		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	08/17/2006
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Illinois  
 Certification(s)/Specialty: Internal 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 54-year-old female who reported an injury on 08/17/2006. The mechanism of injury was a motor vehicle accident. The injured worker's medications were noted to include benzodiazepines as of 2012. The documentation of 12/05/2014 revealed the injured worker was in the office for a psychiatric update and medication management. The injured worker was noted to have chronic pain. The diagnoses included major depression disorder, anxiety disorder, chronic pain, and insomnia. The injured worker was noted to be utilizing Effexor 75 mg 3 tablets daily, Latuda 40 mg 1 tab by mouth daily, Klonopin 1 mg by mouth daily as needed for anxiety and panic attacks, and Ambien 10 mg 1 by mouth at bedtime. The treatment plan included a refill of the medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Benzodiazepines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was lack of documented efficacy. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Klonopin 1mg #30 is not medically necessary.