

Case Number:	CM15-0023972		
Date Assigned:	02/13/2015	Date of Injury:	03/28/1998
Decision Date:	03/31/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Ohio, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome, reflex sympathetic dystrophy, major depressive disorder, and generalized anxiety disorder reportedly associated with an industrial injury of March 20, 1998. In a utilization review report dated January 28, 2015, the claims administrator failed to approve a request for clonazepam (Klonopin). The applicant's attorney subsequently appealed. In a January 20, 2015 progress note, the applicant reported ongoing issues with depression, decreased energy level, agitation, inability to relax, excessive worry, and restlessness. The applicant was described as having a global assessment of functioning (GAF) of 47. The applicant was spending much of the time lying in bed. Medication selection and medication efficacy were not detailed. On December 1, 2014, the applicant reported ongoing complaints of depression, anxiety, restlessness, insomnia, poor self-esteem, and weight gain. Once again, the applicant's psychiatrists did not detail the applicant's complete medication list.

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 Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines- Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for clonazepam (Klonopin), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic medications such as clonazepam (Klonopin) may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the applicant has been using clonazepam (Klonopin) for what appears to be a minimum of several months. Such usage, however, runs counter to the philosophy espoused by ACOEM. Therefore, the request was not medically necessary.