

Case Number:	CM15-0050932		
Date Assigned:	03/24/2015	Date of Injury:	02/26/2005
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/17/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old male sustained an industrial injury to the back on 2/26/05. Previous treatment included lumbar fusion (7/2014), medications, physical therapy, pool therapy and psychological care. In a psychiatric PR-2 date 1/14/15, the injured worker reported that the back pain had not diminished since surgery. The injured worker reported trying to be more active which helped decrease back pain and keep his weight down. The injured worker rated depression at a 5 to 6 and stated that Klonopin was helpful for his anxiety. Current diagnoses included major recurrent depression, generalized anxiety disorder and pain disorder associated with both psychological factors and general medical condition. The treatment plan included continuing medications Norco, MS Contin, Flurbiprofen cream and antidepressants Wellbutrin, Klonopin and Cymbalta, continuing psychotherapy and continuing water therapy. A Utilization Review determination was rendered recommending non certification for Klonopin 0.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines in the treatment of anxiety be limited to short term periods of less than 4 to 6 weeks. The chronic use of benzodiazepine anxiolytics is associated with the development of tolerance, dependency, addiction, daytime somnolence, sedation and adverse interaction with opioids and psychiatric medications. The guidelines recommend that antidepressant with anxiolytic actions and anticonvulsants mood stabilizers be utilized for long term treatment in chronic pain patients with associated psychosomatic symptoms. The records indicate that the patient had utilized Klonopin longer than the guidelines recommended period. There is concurrent utilization of multiple opioids and other sedative psychiatric medications. The criteria for the use of Klonopin 0.5mg was not met. The request is not medically necessary.