

Case Number:	CM15-0088440		
Date Assigned:	05/12/2015	Date of Injury:	03/21/2002
Decision Date:	06/17/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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: New York, Tennessee
 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:

The injured worker is a 55-year-old female, who sustained an industrial internal injury on 03/21/2002. Initial medical issues consisted of obesity, hyperlipidemia, psychophysiological cardiovascular reaction, and hyperactive small airway disease, chronic rhinitis by history (resolved), degenerative changes in the cervical spine, various musculoskeletal complaints, and various emotional complaints. Treatment to date has included conservative care, medications, and psychological and psychiatric treatments. Currently, the injured worker reports a little improvement in symptoms as she is feeling less depressed, although she continues to cry and have difficulty sleeping. The injured worker also reported that the current medications allowed better ability to execute functions of daily living. The diagnoses include major depressive disorder, adjustment disorder with anxiety, psychological factors affecting medical condition, and pain disorder associated with general medical condition. The request for authorization included Klonopin 2 mg #45, which was modified to Klonopin 2 mg #17.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2mg #45: 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 (Chronic).

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

Decision rationale: Klonopin is the benzodiazepine, clonazepam. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case, the patient has been receiving Klonopin since at least January 2015. This indicated long-term use and is not indicated. In addition, there is duplicate therapy, because the patient is taking the benzodiazepine alprazolam. The request should not be medically necessary.