

<b>Case Number:</b>	CM15-0089398		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/19/2000
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 57 year old female with an industrial injury dated 07/19/2007. Her diagnoses included pain disorder associated with both psychological factors and general medical condition and major depressive episode. Prior treatment included psychiatry and medications. She presents on 03/27/2015 stating "my mind is so exhausted", "my mind just keeps racing", "and I have been sobbing and breaking down." The provider documents the injured worker presented with ruminations and anxiety but there were no signs of suicidal intent or plan. The treatment plan included continuing Cymbalta and adding Clonazepam for anxiety and sleep disturbance. The requested treatment of Cymbalta 60 mg # 60 with 2 refills was authorized. The treatment request for review is Klonopin (Clonazepam) 1 mg # 90 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg #90 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

**Decision rationale:** Ca MTUS guidelines state that benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit their use to 4 weeks. According to the records submitted, the patient has been taking Klonopin on a long-term basis. Tolerance to the anxiolytic effects occurs within months, and long-term use may actually increase anxiety. In this case, there is no justification presented for long-term use. Consideration should be given to the use of a different or additional antidepressant in this patient. The request is deemed not medically necessary.