

Case Number:	CM14-0121087		
Date Assigned:	09/16/2014	Date of Injury:	07/09/2007
Decision Date:	10/27/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male who suffered a with a reported date of injury of July 9, 2007. The mechanism of injury is reported as a slip and fall, while performing the usual and customary duties of his occupation as a truck driver. A psychiatric evaluation, dated February 9, 2011, indicates he reported that during the fall he landed on his right side and hit his head, after standing up he again fell this time on his left side, he fell again while attempting to get up and landed on his right side. He reports he injured his neck, back and left hand during this incident. The injured worker reports he began to feel depressed in 2008, but had not received any formal psychiatric or psychological treatment. He was not an medication for emotional difficulties at the time of the visit. The injured worker is listed as temporarily totally disabled at the time of this visit. The most recent psychiatric clinical note, dated April 9, 2014, indicated the injured worker stated he cannot function without his medications. The injured worker suffered from panic and anxiety attacks. The injured worker was unable to go to public places and cannot sleep well at night. The injured worker stated he woke up with nightmares and bad dreams. Klonopin was prescribed for anxiety and panic attacks. The injured worker also suffered from ongoing neck and back pains. With Norco, the pain level was rated at 4/10, and without Norco the pain was rated at 8/10, on the visual analog scale. A progress note by the primary treating physician, dated July 22, 2014, indicated that the injured worker appeared to be scared. Current medications include Norco10/325 six tabs daily, Klonopin 1 mg as needed, phentermine 37.5 mg once daily, lunesta 3 mg as neede, and AndroGel 5 g once daily. The request for Klonopin 1 mg #90 was denied in previous utilization review on July 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Klonopin 1 mg #90: Upheld

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

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

Decision rationale: Klonopin is a benzodiazepine used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use, because long-term efficacy is unproven. Most guidelines limit the use of this medication to 4 weeks. The record reflects that this medication is being prescribed for long term use and this request is for another 90 tablets. Considering this, the request for Klonopin is not medically necessary.