

<b>Case Number:</b>	CM14-0133498		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/21/2002
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Psychiatry 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 54 year old female with a date of injury on 3/21/2002. Date of the utilization review decision was 7/25/2014. The injured worker suffers from chronic neck and hand pain secondary to repetitive movements, rhinosinusitis secondary to exposure to toxic chemicals at work, and also suffers from work related stress, tension and anxiety per report on 2/26/2003. On 3/23/2004 reports suggest that the injured worker was prescribed Xanax, Wellbutrin and Soma. The patient's subjective complaints are being very depressed and anxious, having insomnia and being able to sleep only 4 to 4.5 hours a night. Objective findings stated that the injured worker has been taking the psychotropic medications namely Wellbutrin XL 150 mg daily, Ativan 0.5 mg twice daily and Klonopin 1 mg nightly for a year. The diagnosis listed for the injured worker were major depressive disorder, single episode, moderate; Pain disorder associated with both psychological factors and general medical condition and Psychological factors affecting medical condition. Most recent progress report dated 4/30/2014 listed subjective complaints as increased anxiety, it was stated that she did not want to resume the psychotropic medications as it took her very long to wean herself off of them. It was indicated that psychotherapy treatment has helped her develop and utilize coping skills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg #30:** Upheld

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

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

**Decision rationale:** MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Klonopin 1mg at bedtime on an ongoing basis for at least a year with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Klonopin 1mg #30 is not medically necessary.

**Ativan 0.5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress.

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

**Decision rationale:** MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Klonopin 1mg at bedtime on an ongoing basis for at least a year with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Ativan 0.5mg twice daily, #60 is not medically necessary.