

<b>Case Number:</b>	CM14-0159774		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/28/2007
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Preventive 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:

According to the records made available for review, this is a 60-year-old male with an 8/28/07 date of injury. At the time (8/28/14) of request for authorization for Klonopin 1mg TID #100, there is documentation of subjective (fatigue, weakness, headaches, anxiety, grief, depression, fear, poor attention and concentration, memory problems, and increased appetite) and objective (appropriate affect with moderate fear, anxiety, depression and apprehension; slightly impaired calculation, moderately impaired judgment, and associational disturbance) findings, current diagnoses (major depression and pain disorder), and treatment to date (ongoing therapy with Klonopin since at least 12/5/13 with decrease in anxiety). There is no documentation of short-term (less than 4 weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Klonopin

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg TID #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of major depression and pain disorder. However, given documentation of ongoing treatment with Klonopin since at least 12/5/13, there is no documentation of short-term (less than 4 weeks) treatment. In addition, despite documentation of decreased anxiety with use of Klonopin, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Klonopin. Therefore, based on guidelines and a review of the evidence, the request for Klonopin 1mg TID #100 is not medically necessary.