

<b>Case Number:</b>	CM14-0161585		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	10/15/2007
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 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 52-year-old man with a date of injury 10/15/07. He is being treated for right knee pain. Records indicate a history of a major depressive disorder and anxiety disorder. The injured worker is diagnosed with depressive disorder as per psychological evaluation on 4/14/14. Recommendations were provided for treatment of depression with psychotherapy. Documentation psychological evaluation indicates that Klonopin was not helpful. The primary treating provider indicates an intention to prescribe Klonopin one tab every other day, not long-term, to help with anxiety. Request was subsequently submitted for Klonopin 0.5 mg #60 tab twice daily as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5 mg 1 po QD to BID prn anxiety Quantity: 60 with 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

**Decision rationale:** The injured worker presents with chronic knee pain and major depressive disorder. The primary treating physician provided prescriptions for Klonopin for a history of

anxiety. Psychological evaluation recommendation was for psychotherapy for major depressive disorder. MTUS guidelines do not recommend long-term use of benzodiazepines indicating limiting use to 4 weeks. Reviewed medical records fail to demonstrate evidence for support of benzodiazepine therapy. Request for Klonopin 0.5 mg when necessary for anxiety is not medically necessary.