

<b>Case Number:</b>	CM14-0176925		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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:

Injured worker is a 50 year old male with date of injury 8/17/2011. Date of the UR decision was 10/14/2014. Mechanism of injury was described as being struck on the head by a brass fitting on the end of a hose; he did not remember the incident. The injured worker was diagnosed with post concussive syndrome due to that trauma. Report dated 10/1/2014 stated that the injured worker was seen for a psychiatric follow-up visit after nine months. He had a 20 pound weight gain, occasional psychomotor agitation, he reported being hyper vigilant and easily startled. He was diagnosed with Major Depressive Disorder, Recurrent and was continued on Cymbalta 30 mg. daily for depression, Nuedexta 20/10 mg twice daily for liability, Klonopin 0.5 mg up to two times a day as needed for anxiety #30, and Intermezzo 3.5 mg at night as needed for insomnia #15. Report dated 6/25/2014 indicated that he was being seen for treatment in form of Cognitive Behavior Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for 2 klonopin 0.5mg quantity 30 by mouth up to 2 times per day as needed for anxiety with one refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians desk reference 58th edition Official Disability Guidelines- Workers compensation drug

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**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 prescribed Klonopin on an ongoing/long term basis. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request 1 Prescription for 2 Klonopin 0.5mg quantities 30 by mouth up to 2 times per day as needed for anxiety with one refill is excessive and not medical necessary.