

Case Number:	CM14-0096362		
Date Assigned:	07/28/2014	Date of Injury:	10/02/2003
Decision Date:	10/01/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 57-year-old female who was reportedly injured on October 2, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 30, 2014, indicated that there were ongoing complaints of depression, anxiety, temporomandibular joint pain and headaches. Current medications include Klonopin, Prozac, and trazodone. The physical examination revealed observable impairments of the injured employee's emotional control, stress tolerance, and energy. There was also stated to be miserable impairment of the injured employee's concentration and short-term memory. Psychological test data was consistent with a disability. Previous treatment included cognitive behavioral therapy. A request was made for three cognitive behavioral therapy/psychotherapy sessions and a prescription for Klonopin and was not certified in the pre-authorization process on June 17, 2014.13051

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR KLONAPIN 1MG (CLONAZEPAM): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZAPINES.

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

Decision rationale: Klonopin is a benzodiazepine and is 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. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Considering this, the request for a prescription of Klonopin 1mg is not medically necessary.