

Case Number:	CM15-0102503		
Date Assigned:	06/04/2015	Date of Injury:	08/13/2000
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 64-year-old female who sustained an industrial injury on 08/13/2000. Diagnoses include major depressive disorder, recurrent episode, severe without mention of psychotic behavior. Treatment to date has included medications and psychological and psychiatric care. According to the progress notes dated 2/12/15 the IW reported her mood had been stable, sleep was improved and anxiety was stable. She also reported her appetite was good and she was exercising regularly. On examination she was calm, her mood and affect were good and she had no suicidal or homicidal ideation. Her attention and concentration was intact. The treating provider strongly recommended against tapering any of the IW's maintenance medications due to the severity of symptoms possible, as reported by the IW. A retrospective request was made for Klonopin 1 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Klonopin 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Health Chapter (Online Version): Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Benzodiazepines; Muscle relaxants (for pain); Weaning Medications Page(s): 24, 66, 124. Decision based on Non-MTUS Citation American Psychiatric Association. Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, originally published in October 2010.

Decision rationale: Clonazepam (Klonopin) is a long-acting benzodiazepine with sedative-hypnotic, anxiolytic, hypnotic, anticonvulsant and muscle relaxant properties. It is indicated for use in epilepsy, anxiety disorders, restless leg syndrome, panic disorder and alcohol withdrawal syndrome. When used long-term, tolerance to its effectiveness as a anticonvulsant, muscle relaxant and hypnotic occurs quickly. Tolerance to its anxiolytic effect develops within months and, if continued to be used, may actually increase anxiety. The MTUS does not recommend its use for long-term therapy. The American Psychiatric Association guidelines also note little evidence to support their use in treating long-term anxiety. However, when this medication is used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. This patient has taking this medication daily for over 2 months for its anxiolytic effects. Continued use is not indicated. The request is not medically necessary and has not been established but because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering.