

<b>Case Number:</b>	CM15-0015448		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	03/28/1998
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 65 year old male, who sustained an industrial injury on 3/28/1998. He has reported symptoms of depression. The diagnoses have included depressive disorder with anxiety and post traumatic reaction and psychological factors affecting medical condition. Treatment to date has included psyche care, medications and diagnostics. Currently, the injured worker complains of persistent symptoms of stress, anxiety and depression related to his industrial injury. According to the noted dated 12/23/14 the injured worker can concentrate better, has increased interest in activities, spends less time in bed, has increased motivation, is less fatigued, less irritable, less nervous and less depressed. The request was for medication related to his depression. Work status was permanent and stationary at a marked degree of permanent mental and behavioral impairment. On 1/8/15 Utilization Review non-certified a request for 1 prescription of Clonazepam 0.5mg, #60, noting that it is not warranted for ongoing use per the guidelines due to risk of dependence and increased anxiety. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Clonazepam 0.5mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain (chronic)' and topic Benzodiazepine

**Decision rationale:** The patient presents with depression, anxiety and stress. The request is for 1 PRESCRIPTION OF CLONAZEPAM 0.5MG, #60. The request for authorization is dated 12/23/14 for Venlafaxine, Clonazepam and Trazodone. Per progress report dated 01/20/14, treater states there was functional improvement in the patient and has become less depressed, angry, nervous, hopeless, irritable, fatigued, more trustful. Patient is permanent and stationary. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Treater has not provided reason for the request. The patient has been prescribed Clonazepam since at least 10/22/14. However, guidelines limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or frank addiction. Furthermore, the request for Clonazepam #60 does not indicate intended short term use. Therefore the request IS NOT medically necessary.