

Case Number:	CM15-0017459		
Date Assigned:	02/05/2015	Date of Injury:	11/16/2011
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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, Hawaii
 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 52 year old male, who sustained an industrial injury on 11/16/2011. The diagnoses have included post traumatic stress disorder. Treatment to date has included psychotherapy and medications. According to the progress note dated 11/12/2014, the injured worker's condition had plateaued and he was complying with his treatment regimen. He reported feeling well and sleeping well. Authorization was requested for Klonopin and Cymbalta. On 1/6/2015, Utilization Review (UR) non-certified a request for Klonopin 0.5mg #120 with two refills. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #120 refills: 2: Upheld

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

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

Decision rationale: The patient presents with post traumatic stress disorder. The current request is for Klonopin 0.5 mg #120 refills: 2. The treating physician documented that the patient stated Klonopin helps him relax. (11B) The MTUS guidelines state, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." In this case, the treating physician has been prescribing the patient this medication since at least November 2014. The current request of #120 with 2 refills would exceed the recommended guideline of short term usage. The current request is not medically necessary and the recommendation is for denial.