

Case Number:	CM15-0111843		
Date Assigned:	06/18/2015	Date of Injury:	10/14/2002
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 39 year old male, who sustained an industrial injury on October 14, 2002. He reported the sudden onset of left shoulder pain. The injured worker was diagnosed as having major depression disorder, general anxiety disorder, pain disorder, and complex regional pain syndrome. Treatment to date has included psychiatric care, hospitalizations, and medications including antipsychotic, anti-anxiety, benzodiazepine, and antidepressant. On April 9, 2015, the injured worker reported his mood was stable on his current medications, which included a benzodiazepine, antidepressant, and mood stabilizer. He reported he was socializing, working with his ministry, pursuing a degree, and learning Chinese. He continues with psychotherapy. The mental status exam revealed an appropriate affect, mood brighter, and no homicidal or suicidal ideation. The treatment plan includes continuing Klonopin 1 mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: 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 Klonopin on an ongoing basis for at least a year with no documented plan of taper. The request for Klonopin 1mg, #30 with 2 refills is not medically necessary as the MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for another three-month supply of Klonopin is not medically necessary.