

<b>Case Number:</b>	CM15-0115739		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 61 -year-old female who sustained an industrial head and neck injury on 1/9/2011. Subsequent to this injury, she has developed symptoms of labile affect, fogginess, tearfulness and feelings of depression. Her diagnosis is post-traumatic anxiety and depression, major/recurring. Treatment has included Namenda and Clonazepam which the injured worker states has helped her feel calmer. The injured worker continues to exhibit signs of labile emotions and depression per physician progress report of 5/26/15. Treating physician's plan of care includes Clonazepam and Levothyroxine. At present the injured worker is totally disabled and unable to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 1mg #60 with 1 refill per 5/26/15 order: 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 Topic: Benzodiazepine, Weaning of medications Page(s): (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 prescribed Klonopin on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for two month supply of medication is not clinically indicated. Thus, the request for Clonazepam 1mg #60 with 1 refill per 5/26/15 order is not medically necessary.

**Levothyroxine 75mcg #30 with 3 refills per 5/26/15 order:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/PMHT0010926/?report=details>Levothyroxine (By mouth).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov: Levothyroxine.

**Decision rationale:** Per FDA.gov: Levothyroxine is indicated for Replacement or supplemental therapy in hypothyroidism; thyroid-stimulating hormone (TSH) suppression (in thyroid cancer, nodules, goiters, and enlargement in chronic thyroiditis). The submitted documentation does not indicate that the injured worker suffers from thyroid related issues for which Levothyroxine would be clinically indicated. The use of this medication seems to be off label in this case and thus is not medically necessary.