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| <b>Case Number:</b>   | CM15-0127652 |                              |            |
| <b>Date Assigned:</b> | 07/14/2015   | <b>Date of Injury:</b>       | 09/07/2010 |
| <b>Decision Date:</b> | 08/11/2015   | <b>UR Denial Date:</b>       | 06/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/01/2015 |

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for major depressive disorder (MDD), generalized anxiety disorder (GAD), and dementia owing to an alleged industrial carbon monoxide exposure of September 7, 2010. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve a request for Klonopin (clonazepam). The claims administrator referenced an RFA form dated June 9, 2015 and an associated progress note of May 21, 2015 in its determination. The applicant's attorney subsequently appealed. On procedure notes of June 4, 2015 and November 20, 2014, the applicant received Botox injections. The applicant's work status was not outlined on these dates. On February 23, 2015, the applicant's psychiatrist noted that the applicant was using Klonopin on a twice-daily basis for anxiolytic effect, along with Brintellix for depression. The applicant attributed all of her symptoms to alleged carbon monoxide exposure, it was reported on this date. On March 26, 2015, the attending provider again noted that the applicant was using Klonopin at a rate of twice daily, for anxiolytic effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg 30 day supply Qty: 60 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for Klonopin (clonazepam), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the 60-tablet, three-refill supply of clonazepam at issue represents chronic, long-term, and twice daily usage of the same, i.e., usage which runs counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. The attending provider failed to furnish a compelling rationale for continued usage of this medication in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.