

<b>Case Number:</b>	CM15-0171764		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	07/02/2000
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Emergency 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:

This is a 64 year old male with a date of injury of July 2, 2000. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, single episode; generalized anxiety disorder with panic attacks and post traumatic elements; and psychological factors affecting medical condition. A medication management evaluation dated August 6, 2015 noted that it was stated in "The prior comprehensive report that, due to the physical pain and disability involving primarily the post-surgical right knee condition with a possible need for further bilateral knee surgeries; due to the stress-aggravated medical symptoms including headache, teeth grinding, hair loss, post-concussive reaction, neck, shoulder, and back muscle tension and pain, nausea, shortness of breath, palpitations, abdominal pain, and chronic fatigue; and due to the resultant depressive mental disorder with damaged self-esteem, emotional withdrawal and mistrust, psychological fatigue, mental confusion and cognitive impairment with concentration, attention, and memory deficits, there would be residuals of permanent mental and behavioral impairment to a marked almost major degree." Medications were noted to include Lexapro 10mg, Alprazolam 0.5mg, Neurontin 300mg, Ambien 10mg, and Percocet. The evaluation notes that in a previous note it was stated that "The medications all interact to improve anxiety, depression, confusion, panic, emotion control and stress-intensified medical complaints", and that "Removing one medication could tip the scale to cause worsened symptoms in all areas." The evaluation noted that the injured worker reported that the medications "Have relieved all of his symptoms", and that "There has been an increased interest in daily activities", that "Sleep disturbance has improved", and "There have also been

improvements in ability to concentrate". The evaluation further states that "Despite this psychological improvement", the injured worker "has remained symptomatic with residuals requiring further treatment in the areas of depression, anxiety, panic, insomnia, stress-intensified headache, neck muscle tension and pain, shoulder muscle tension and pain, back muscle tension and pain, peptic reaction and abdominal pain and cramping". The injured worker expressed fear of continued intractable pain and permanent work impairment, sleepless nights, and being preoccupied with frequent worries about his career future and economic future. The evaluation noted a Beck Depression Inventory score of 12 indicating a placement in the mild range of subjective depression, a score of 10 on the Beck Anxiety Inventory that indicated a mild level of anxiety, a score of 8 on the Beck Hopelessness Scale indicating a moderate level of hopelessness, and a score of 9 on the Insomnia Severity Index indicating sub-threshold insomnia. The clinical examination dated August 6, 2015 reveals anxious and distraught thought process, no loss of contact with reality, any paranoia or delusions, and good psychological judgment and insight. Treatment has included medications and psychotherapy. The original utilization review (August 19, 2015) non-certified a request for Clonazepam 0.5mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Clonazepam 0.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The requested Clonazepam 0.5mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has generalized anxiety disorder with panic attacks and post traumatic elements; and psychological factors affecting medical condition. A medication management evaluation dated August 6, 2015 noted that it was stated in "The prior comprehensive report that, due to the physical pain and disability involving primarily the post-surgical right knee condition with a possible need for further bilateral knee surgeries; due to the stress-aggravated medical symptoms including headache, teeth grinding, hair loss, post-concussive reaction, neck, shoulder, and back muscle tension and pain, nausea, shortness of breath, palpitations, abdominal pain, and chronic fatigue; and due to the resultant depressive mental disorder with damaged self-esteem, emotional withdrawal and mistrust, psychological fatigue, mental confusion and cognitive impairment with concentration, attention, and memory deficits, there would be residuals of permanent mental and behavioral impairment to a marked almost major degree". The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Clonazepam 0.5mg is not medically necessary.