

Case Number:	CM15-0026936		
Date Assigned:	02/19/2015	Date of Injury:	02/11/2008
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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: 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 57 year old male, who sustained an industrial injury on 02/11/2008. On provider visit dated 01/14/2015 the injured worker has reported her whole body hurting. She was noted to be flat, emotional discouragement and depressed. The diagnoses have included major depressive disorder, recurrent. Treatment to date has included medication. On 01/30/2015 Utilization Review non-certified Klonopin 0.5mg #60. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Anxiety Medications in Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Pain -chronic-' and topic 'Benzodiazepine.'

Decision rationale: The patient is a 58 year old female who presents with right arm and unspecified whole body pain rated 8-9/10, with associated major depressive disorder and anxiety. The patient's date of injury is 02/11/08. Patient has no documented surgical history directed at this complaint. The request is for KLONOPIN 0.5 MG, #60. The RFA is dated 01/23/15. Physical examination dated 01/14/15 does not include any physical findings, only a review of medications and description of this patient's persistent major depressive disorder and anxiety complaints. The patient is currently prescribed Savella, Saphris, Klonopin, Hydroxyzine, Wellbutrin, and Remeron. Diagnostic imaging was not provided. Patient's current work status is not provided. ODG guidelines, chapter 'Pain -chronic-' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, a prescription for Klonopin was first noted in progress report dated 08/15/14, and the patient has been using the medication consistently at least since then. In progress report dated 01/14/15, the treater states: "She alternates Hydroxyzine and Klonopin for her anxiety." ODG guidelines, however, recommend Klonopin for insomnia and the patient has not been diagnosed with the condition. In fact, none of the reports document any sleep complaints. Additionally, the patient has been using the medication for 4 months with no documented efficacy. Both MTUS and ODG guidelines do not support the long-term use of Klonopin, the requested 60 tablets does not imply short duration use. Therefore, the request IS NOT medically necessary.