

<b>Case Number:</b>	CM15-0077848		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 64 year old male, who sustained an industrial injury on 1/24/11. The injured worker was diagnosed as having anxiety/depression/anger, hypertension, history of kidney stones and history of kidney tumor. Treatment to date has included oral medications including Klonopin, Clonazepam, Risperidone and Celexa. Currently, the injured worker states he feels his medications are helping him with depression but he cannot get beyond the depression he is in. Physical exam noted pitting edema below knees and extending over the ankle on top of feet and clear lungs. The treatment plan included request for authorization for echocardiogram, continuation of medications and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin tab 0.5 mg (2 times daily) Qty 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Benzodiazepines.

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

**Decision rationale:** The request is for refill of Klonopin 0.5 mg, #60 with 2 refills for treatment of chronic anxiety. MTUS guidelines state that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. On 3/20/2015, it was recommended to the patient and physician that the patient be put on a weaning schedule, however this decision was appealed. The MTUS does not support chronic daily use of benzodiazepines. Significant dependence may result in worsening anxiety. Reports also show that there is no improvement in anxiety over a prolonged period of time. Therefore, this request is deemed not medically necessary.