

Case Number:	CM15-0088135		
Date Assigned:	05/12/2015	Date of Injury:	05/17/2002
Decision Date:	11/16/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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, Hawaii
 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 63 year old male who sustained an industrial injury May 17, 2002. Past history included status post left wrist arthroscopy and 3 subsequent surgeries (reported osteotomy with subsequent hardware removal); left lateral epicondylitis wrist extensor tendonitis; left deQuervain's tenosynovitis, and reactive depression-anxiety. According to a physician's progress report (cut and pasted together as one) dated April 7, 2015, the injured worker presented for evaluation and treatment. He reports feeling better with improvement in his depression and anxiety. He attributes his improvement to returning back to his medications specifically Abilify. He continues to take Pristiq, however, he has not taken any Lunesta, stating that Klonopin has been effective with sleep induction and maintenance. He is currently facing the same stressors as in the past; living situation, financial state and not getting support from his sister. He also reports a mild intentional tremor which has been present for some time, exacerbated by a CVA (cerebral vascular accident). He is scheduled to undergo neurological and cardiology evaluation. Mental status examination; attitude-pleasant; mood-sad; affect-restricted; speech-normal in volume, rate and tone; oriented to place time and situation; no short or long term memory issues and immediate recall intact; thought process-logical, organized and goal directed; thought content-denies suicidal and homicidal ideations, hallucinations, no delusions. Diagnoses are adjustment disorder with depressed and anxious mood; status post injury to left upper extremity, CVA, atrial fibrillation; chronic pain. At issue, is a request for authorization dated April 9, 2015, for Klonopin. According to utilization review dated April 17, 2015, the requests for Pristiq, Lexapro,

and Abilify are certified. The request for Klonopin 0.5mg #60 between April 7, 2015 and June 13, 2015 is non-certified.

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: 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 patient presents with depression and anxiety. The current request is for Klonopin 0.5mg #60. The treating physician's report dated 04/07/2015 (110B) states, he continues to take Pristiq, however, he has not taken any Lunesta, stating that Klonopin has been effective with sleep induction and maintenance. 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. The ODG Guidelines under the Pain Chapter on 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 medical records show that the patient was prescribed Klonopin before 01/2015. In this case, long-term use of this medication is not supported by the guidelines. The current request is not medically necessary.