

Case Number:	CM15-0096342		
Date Assigned:	05/26/2015	Date of Injury:	08/14/2013
Decision Date:	06/24/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, California
 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 51 year old female, who sustained an industrial injury on 8/14/2013. She reported a physical assault while employed as a protective supervision employee. The injured worker was diagnosed as having cervical sprain/strain, panic attack disorder, anxiety, not otherwise specified, sleep disturbance, not otherwise specified, posttraumatic stress disorder, shoulder sprain/strain, hip/thigh sprain/strain, thoracic sprain/strain, and lumbar sprain/strain. Treatment to date has included diagnostics, mental health treatment, physical therapy, chiropractic, and medications. Currently (4/16/2015), the injured worker returned for follow-up visit. Complaints were not noted. Current medications included Clonazepam, Wellbutrin SR, Wellbutrin, and Voltaren gel. Her appearance was nervous and guarded. Her speech was pressurized, word choice appropriate, insight appropriate, and her memory was intact. She was prescribed Clonazepam 1mg tablets #90 (to use one half tablet in the morning, one half tablet midday as needed, and one and one half tablets at bedtime as needed). Her work status was modified duty and it was not documented if she was working. It was documented that she had 26/60 Klonopin 1mg remaining and 9/60 0.5mg from previous prescription. A return visit was scheduled for 5/27/2015. A Psychiatric Agreed Medical Examination was pending. The use of Klonopin was noted for at least 6 months. Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Clonazepam tab 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Klonazepam for several months for anxiety. Other medications such as SSRI are more appropriate for long-term use. The continued and chronic use of Klonazepam is not recommended and not medically necessary.