

Case Number:	CM15-0099658		
Date Assigned:	06/02/2015	Date of Injury:	05/30/2007
Decision Date:	07/07/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	05/22/2015

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: New York, West Virginia, Pennsylvania
 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 45-year-old male with a May 30, 2007 date of injury. A progress note dated May 5, 2015, documents subjective findings (apathy; depression; feeling worried; feeling less motivation; insomnia; loss of appetite; chronic pain; anxiety), objective findings (normal speech; normal thought processes; associations within normal limits; thought content within normal limits; blunted affect; depressed mood; good insight and judgment), and current diagnoses (chronic pain disorder; major depression; generalized anxiety disorder; sleep disorder secondary to chronic pain and major depression). Treatments to date have included medications and psychotherapy. The treating physician documented a plan of care that included Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

Decision rationale: Guidelines do not recommend long-term use of benzodiazepines beyond 4 weeks. In this case, the patient was prescribed Klonopin with opioids, which is not recommended due to risk of overdose. In addition, the documents indicate that the patient has taken Klonopin since 2012. Thus, the request for Klonopin 1g #90 is not medically appropriate or necessary.