

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/15/2013
Date of Injury:	6/9/2006
IMR Application Received:	8/29/2013
MAXIMUS Case Number:	CM13-0018657

- 1) MAXIMUS Federal Services, Inc. has determined the request for **sixty Klonopin 0.5mg with one refill is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **sixty Klonopin 0.5mg with one refill** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, has and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 54-year-old with a date of injury of 06-09-06. The provider has submitted a prospective request for #30 Viibryd 40mg with one refill, #60 Klonopin 0.5mg with one refill, #30 Latuda 40mg with one refill, and #15 Ambien 10mg with one refill. Review of the submitted records indicated that the patient has received treatment for chronic shoulder pain, chronic back pain, chronic knee pain, and depression. The most recent progress report dated 07/11/13 with the provider, [REDACTED] MD, indicated that the patient was still experiencing feelings of depression along with crying spells. The patient was also experiencing feelings of hopelessness because he cannot find work and does not know what to do with his life. Other symptoms included low energy level, poor concentration, poor appetite, and difficulty sleeping at night.

Dr. [REDACTED] saw the patient on this visit for the provider [REDACTED] MD. Dr. [REDACTED] stated that the patient had no suicidal ideation, but has occasional thoughts of suicide. The patient contacts for safety, but does not want to go to hospital at this time. The provider recommended the patient continue his medications of Viibryd 40 mg once daily for depression, Latuda 40 mg once daily to supplement the effects of the Viibryd, and Klonopin 0.5mg tablet twice a day as needed for anxiety. The patient also added Ambien 10 mg one at bedtime as needed for insomnia. The patient provided the patient with education on his medications and instructed him to notify staff, call after hours, or go to the emergency room for adverse effects. Review of previous documentation indicated that the patient has been diagnosed with depression in the progress report dated 03/20/13. Further documentation indicated that he has been prescribed trazodone in the past to help with his difficulty sleeping.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from Claims Administrator

1) Regarding the request for sixty Klonopin 0.5mg with one refill:Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Benzodiazepines, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 24, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Physician notes of 4-18-2013 and 6-11-2013 clearly show that the employee was being continued on clonazepam for both visits. Therefore by 6-11-2013, the employee had been on benzodiazepine beyond the 4 week limit mentioned in the Chronic Pain Medical Treatment Guidelines as noted above. **The request for sixty Klonopin 0.5mg with one refill is not medically necessary or appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.