

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 10/30/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	3/22/2007
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002724

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Klonopin 1mg #60 with 1 refill **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 1 prescription of Klonopin 1mg #60 with 1 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 Family Medicine, 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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013:

“The patient is a 52 year old male with a date of injury of 3/22/2007. Under consideration is a prospective request for certification of prescription of Klonopin 1 mg #60 with I refill and I prescription of Norco 10/325mg #60 with I refill. A phone call to the requesting provider was attempted at 4:29PM on 7/01/13, in order to discuss the requested care. The provider was unavailable; therefore a message was left with [REDACTED], which included the reviewer's contact information and schedule. No return phone call was received prior to completion of this review. Review of the submitted records indicated he was being treated for chronic low back pain. Per the 6/18/13 evaluation by Dr. [REDACTED], the patient's relevant objective findings included no apparent kyphosis, scoliosis, ecchymosis, swelling, or erythema of the neck and mid back and cervical range of motion limited in all planes. Some tenderness over bilateral lower para cervical, trapezius muscles and spinal processes. No muscle tightness over bilateral upper and lower para cervical and trapezius.”

### **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 for Independent Medical Review dated 7/23/2013
- Utilization Review Determination from [REDACTED]
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for 1 Prescription of Klonopin 1mg #60 with 1 refill:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not list any evidence-based criteria for its decision. The Provider did not dispute the lack of evidence-based criteria used by the Claims Administrator. The Expert Reviewer based his decision on the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg. 24, 66.

Rationale for the Decision:

The employee sustained a work-related injury on 3/22/2007 to the neck and lower back. Treatments have included surgery and medication management. The request is for 1 prescription of Klonopin 1mg # 60 with 1 refill.

MTUS Guidelines indicate that 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 of benzodiazepines to 4 week. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The medical records provided for review indicate that the employee is currently being treated with Klonopin for anxiety, but fails to mention the length of time the employee has been taking Klonopin or the clinical outcome up to this point. Klonopin is medically indicated for the short term management of anxiety. **The request for a prescription of Klonopin 1mg #60 with 1 refill is not medically necessary and 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;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> 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.