

Case Number:	CM13-0002551		
Date Assigned:	06/25/2014	Date of Injury:	01/18/1986
Decision Date:	08/05/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Internal 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 agreed medical examination report March 18, 2013 documented diagnoses: s/p 1986 industrial low back injury; post-laminectomy syndrome; pending further spinal surgery for failed fusion. Date of injury was 01/18/1986. The progress report 06/27/2013 documented a primary complaint of low back pain. The patient had laminectomy surgery in 1993 which did not provide any real pain relief. Morphine pump trial in 2000 which did not help. Fusion surgery L3-4 through L5-S1 in March of 2010. Subsequent fracture of L1 vertebrae. Medications included: Hydromorphone, Fentanyl patch, Neurontin, Soma, Prozac, Klonopin (Clonazepam), Prilosec, Lidoderm patches, Volatren gel. Treatment plan included Wellbutrin. The progress reports 01/17/2013, 03/18/2013, 04/29/2013 documented medication Klonopin (Clonazepam). In a utilization review dated 07-02-2013 the request for Clonazepam is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient pharmacy purchase of clonazepam 1 mg tabs #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, Page 24.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical

Treatment Guidelines (Page 24) states: 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. Clonazepam (Klonopin) is a benzodiazepine. Progress reports 01/17/2013, 03/18/2013, 04/29/2013, 06/27/2013 documented medication Klonopin (Clonazepam). MTUS guidelines do not recommend the use of benzodiazepines long term. The FDA guidelines warn against the concomitant use Clonazepam and other CNS depressants. Patient's medications include Hydromorphone, Fentanyl, and Soma - which are CNS depressants. The MTUS and FDA guidelines do not support the use of Clonazepam (Klonopin). Therefore, the request for clonazepam 1 mg tabs #60 with 1 refill is not medically necessary.