

<b>Case Number:</b>	CM13-0002847		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/22/2004
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular 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 physician 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 34 year old woman... who sustained a work related injury on May 22 2004 .The patient was diagnosed with complex regional syndrome of right upper extremity, right upper extremity neuropathy/ According to a note received on December 11 2013, the patient developed multiple sequella from severe chronic pain and disability.She required the implantation of spinal cord stimulator device. She continued to have an non neuropathic pain in her upper extremity, as well as severe myofasical pain. Her physical examination showed tactile allodynia, hyperpathia, hyperidrosis, skin discoloration, reduced strenght in the right hand. The patient was reported to have increased anxiety and depression. The patient was treated with pain medications and trigger point injections. The provider requested authorization to use Klonopin to manage her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1MG BID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the

risk of dependence. Most guidelines limit their use to 4 weeks. Therefore the use of Klonipin is not medically necessary.