

Case Number:	CM13-0005834		
Date Assigned:	12/18/2013	Date of Injury:	10/01/1991
Decision Date:	02/03/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/01/2013

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 Anesthesiology and is licensed to practice in Florida. 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. 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 patient was an 87 year old male with a history of lumbar radiculopathy. He had epidural steroid injections 07/06/2012. He was seen for low back pain, neck pain and radicular pain on 08/16/2012. On 01/22/2013, the patient was seen for previous symptoms as well as bilateral lower and upper extremity radicular pain. The patient had medical history of cancer, diabetes and hypertension. Surgeries to his ankle, and back were noted. The patient was seen on 10/17/2013 for neck pain, left neck radicular pain, low back pain, and bilateral extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPEN PRESCRIPTION OF CLONAZEPAM (KLONOPIN TABLET) 0.5 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

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

Decision rationale: The request for open prescription Clonazepam (Klonopin Tablet) 0.5mg is non-certified. The CA MTUS Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The patient has documented use of requested medication dating to at least

05/01/2013 which exceeds guideline recommendations. As the quantity of medication is not submitted for review it would not allow for patient reassessment of effectiveness of the medication. Given the information submitted for review the request for open prescription Clonazepam (Klonopin Tablet) 0.5mg is non-certified.