

Case Number:	CM13-0009839		
Date Assigned:	02/11/2014	Date of Injury:	12/04/2006
Decision Date:	04/25/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/12/2013

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 Occupational 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:

According to the records made available for review, this is a 51-year-old female with a 12/4/06 date of injury. At the time (6/25/13) of request for authorization for Klonopin 0.5MG, #30 with 2 refills between 7/5/13 and 8/25/13; there is documentation of subjective (chronic right upper extremity pain) and objective (painful range of motion of the right hand) findings, current diagnoses (complex regional pain syndrome and severe depression), and treatment to date (physical therapy, psychotherapy, and medications). It cannot be determined how long the patient has been prescribed Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 0.5MG, #30 WITH 2 REFILLS BETWEEN 7/5/13 AND 8/25/13: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term. Within the medical information available for review, there is documentation of diagnoses of complex regional pain syndrome and severe

depression. In addition, it cannot be determined how long the patient has been prescribed Klonopin. However, given documentation of a request for Klonopin 0.5MG, #30 with 2 refills between 7/5/13 and 8/25/13, there is no documentation of short-term use. Therefore, based on guidelines and a review of the evidence, the request for Klonopin 0.5MG, #30 with 2 refills between 7/5/13 and 8/25/13 is not medically necessary.