

Case Number:	CM13-0027406		
Date Assigned:	11/22/2013	Date of Injury:	11/02/2007
Decision Date:	04/18/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/20/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine 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 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 patient is a 60-year-old male who reported an injury on 11/02/2007. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with depression/adjustment disorder and status post L4-5 microdiscectomy in 2008. The patient was recently seen by [REDACTED] on 12/27/2013. The patient reported persistent lower back pain with left lower extremity radiation. The patient also reported negative psychiatric or emotional difficulties. Physical examination revealed tenderness to palpation, weakness, paralysis, swelling, and appropriate mood and affect. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN .05MG BID PRO #60: 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 Page(s): 24.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to four weeks. As per

the documentation submitted, there is no evidence of this patient's previous or current utilization of this medication. There is no indication of psychiatric complaints or objective findings that would warrant the need for a benzodiazepine. The medical necessity has not been established. Additionally, guidelines do not recommend long term use of this medication. Based on the clinical information received and the California Medical Treatment Utilization Schedule (MTUS) Guidelines, the request is non-certified.