

<b>Case Number:</b>	CM13-0055018		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/11/2006
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 is a 50 year old male who reported an injury on 05/11/2006. The mechanism of injury was noted to be the patient had a wall weighing approximately 300 pounds fall and hit the patient on the top of the head. The patient's diagnoses were noted to include a closed-head injury with residual symptom complex of headaches, cognitive difficulties, and dizziness, cervical strain with degenerative changes, thoracic radiculopathy, lumbosacral strain with mild degenerative changes, and chronic pain due to trauma. The earliest documentation submitted for review in early 2013 revealed the patient was taking Klonopin at that time. Physical examination on 10/11/2013 revealed the patient had pain in the arms and legs with radiation to multiple parts of the body. Symptoms were noted to be relieved by exercise, lying down, movement, pain, medications/drugs, rest, and sitting. The patient indicated that the Klonopin was helpful at night to reduce the patient's pain, anxiety, and insomnia. It was indicated that the patient had been stable on the Clonazepam for over 3 years, which aided in relief of multiple symptoms at night to include muscle tightness, insomnia, and anxiety. The request was made for Klonopin 2 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 2mg #30:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend benzodiazepines for long-term use and most guidelines limit the use to 4 weeks. There should be documentation of objective functional benefit to support ongoing use according to the MTUS Chronic Pain Guidelines. The clinical documentation submitted for review indicated the patient had functional benefit. However, there was a lack of documentation of quantitative functional benefit. Given the above, the request for Klonopin 2 mg #30 is not medically necessary and appropriate.