

Case Number:	CM13-0071652		
Date Assigned:	01/08/2014	Date of Injury:	06/04/2001
Decision Date:	06/26/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine & Rehabilitation, 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. 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 female who was injured on 06/04/2001 with an unknown mechanism of injury. Prior treatment history has included pump trial on 03/07/2012. PR2 dated 11/15/2013 indicates the patient complained of continued pain to the right digits/hand/wrist radiating to the right upper extremities and right shoulder/ trapezius up to the neck. She rates the pain an 8/10. She has been able to decrease her medications as tolerated and continues to do so. On physical examination, her mood and affect are normal. She has pain and decreased right elbow range of motion. There were advanced vasomotor changes along the right upper extremity and digits. She had severe swelling of the right digits. There is atrophy to the right shoulder and right wrist range of motion was limited. Her medications include Protonix, Premarin, Novolog, Plavix, aspirin, lisinopril, Abilify, Roxicodone, Lorzone and Klonopin. Diagnoses are displacement of the cervical intervertebral disc without myelopathy; cervical spondylosis without myelopathy; reflex sympathetic dystrophy of the upper limb, spasmodic torticollis; and unspecified disorders bursae and tendons shoulder region. The treatment and plan include Lamictal 25 mg, Fentanyl Citrate and continue all other medications as previously prescribed. Prior UR dated 11/26/2013 states the request for Klonopin 1 mg is non-certified as benzodiazepines are not recommended for long-term use; neither is there any indication of the need for this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 1MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 24

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

Decision rationale: According to the California MTUS guidelines, Klonopin (Clonazepam) as a Benzodiazepine is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The medical records document that this benzodiazepine has been prescribed for more than 4 weeks for depression/anxiety secondary to pain, but the guidelines state; "the more appropriate treatment for anxiety disorder is an antidepressant". Accordingly, the medical necessity of Klonopin has not been established.