

Case Number:	CM14-0006352		
Date Assigned:	03/03/2014	Date of Injury:	03/27/2003
Decision Date:	07/11/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/16/2014

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:

Patient is a 55-year-old male who has submitted a claim for chronic pain syndrome, anxiety, and depression associated with an industrial injury date of 03/27/2003. Medical records from 2013 were reviewed. Patient complained of pain at the neck and left hand. This resulted to difficulty working. Patient reported difficulty sleeping, and woke up 3 to 4 times a night. He was sedated during the day. Patient likewise complained of feelings of sadness, anxiety, and mood swings. Physical examination of the cervical spine revealed tenderness and limited range of motion. Left hand grip was weak. Sensation was diminished at the ulnar side of left hand. Brachioradialis reflex bilaterally was graded 0, right biceps reflex graded 1+ and left biceps reflex was 0. Treatment to date has included cognitive behavioral therapy, hand surgeries to the left 3rd and 4th DIP joints, physical therapy, and medications such as Norco, Effexor, Klonopin, Topamax, Robaxin, and venlafaxine. Utilization review from 12/12/2013 modified the request Klonopin 1 mg to allow the patient this one refill of 6 klonopin 1 mg for the purpose of weaning to discontinue, with a reduction of 10 percent per week over a weaning of two months into one month for the purpose of weaning because benzodiazepines are not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 1 MG TO ALLOW THE PATIENT THIS ONE REFILL OF 6 KLONOPIN 1 MG FOR THE PURPOSE OF WEANING TO DISCONTINUE, WITH A REDUCTION OF 10 PERCENT PER WEEK OVER A WEANING OF TWO MONTHS: 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: As noted on page 24 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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 hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, patient has been on Klonopin since October 2013 for anxiety and sleeping difficulty. However, guidelines do not recommend long-term use. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Klonopin 1 mg to allow the patient this one refill of 6 klonopin 1 mg for the purpose of weaning to discontinue, with a reduction of 10 percent per week over a weaning of two months is not medically necessary.