

<b>Case Number:</b>	CM14-0108668		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/18/1986
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 66 year old female with a reported date of injury on 12/18/1986. The mechanism of injury was a slip and fall. Her diagnoses included chronic neck and shoulder pain, degeneration of cervical intervertebral disc, bilateral carpal tunnel syndrome which is worse on the right, right sciatica, and left arm radiculopathy. The injured worker has been treated with medications, epidural steroid injection at C4-5 on 06/28/2004, cervical pillow, and facet blocks in 06/30/2006 and 12/31/2006. The diagnostic testing included an MRI of the cervical spine dated 06/11/2010 and an MRI dated of the cervical spine dated 08/09/2010, an MRI of the cervical spine dated 03/11/2013, an MRI of the lumbar spine, an upper extremity EMG dated 03/13/2013, and multiple unoffical Xrays were reported. The injured worker's surgical history included C5-6 and C6-7 anterior discectomy and fusion. On 04/22/2014 the injured worker reported neck pain with radiation to the left shoulder rated at 7/10 without medication and 1-2/10 with medication (as per initial review, the actual note was not provided). She reported that she was able to exercise, take care of home and do volunteer work with medication. Objective findings included 6 weeks of pain relief following epidural steroid injection at C4-5 on 06/28/2004, Range of motion of the neck on 05/07/2013 revealed (in 'percent of normal') flexion 75%, extension 66-2/3%, right lateral bending 25%, left lateral bending 50%, right rotaion 33 1/3%, and left rotation 33 1/3%.The injured worker's medications included Celebrex, Cymbalta, Klonopin, Norco and Ranitidine. The request was for Retro Klonopin 0.5 mg #30 dispensed by [REDACTED] on 04/22/2014. No rationale was provided. A blank request for authorization form was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Klonopin 0.5mg # 30 dispensed by [REDACTED] on 04/22/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, & Opioids.

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

**Decision rationale:** The request for retro Klonopin 0.5 mg #30 dispensed by [REDACTED] on 04/22/2014 was not medically necessary. The date of injury was more than 27 years ago. The California MTUS Official Guidelines do not recommend benzodiazepines for long term use because of the risk of dependency and because long term efficacy has not been proven. The provided documentation states that the injured worker takes Klonopin as needed but does not indicate what it is needed for, no urine drug screen was provided, and no documentation of current/recent functional improvement(s) were provided. The injured worker has been prescribed Klonopin since at least 02/2011. The continued use of Klonopin would exceed the guideline recommendations. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for retro Klonopin 0.5 mg #30 dispensed by [REDACTED] is not medically necessary.