MAXIMUS Federal Services

Case Number:	CM14-0015630		
Date Assigned:	03/03/2014	Date of Injury:	07/08/1995
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain, anxiety, and insomnia reportedly associated with an industrial injury of July 8, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; lumbar fusion surgery; and anxiolytic medications. In a Utilization Review Report dated January 24, 2014, the claims administrator denied a request for clonazepam or Klonopin. The claims administrator cited non-MTUS and MTUS Guidelines in its denial, although the MTUS addressed the topic. The applicant's attorney subsequently appealed. Klonopin was apparently refilled via a handwritten note of January 20, 2014, in which the applicant presented to obtain a medication refill. Klonopin was apparently furnished at that point. The applicant was described as severely obese and anxious. In a January 22, 2014 progress note, the applicant was described as having ongoing issues with insomnia and was apparently requesting a refill of Klonopin at that point in time. The applicant was given a 25-pound lifting limitation. Neurontin and Klonopin were apparently endorsed. The applicant's medication list reportedly included Norco, Neurontin, Klonopin, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 0.5 MG #15: 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, BENZODIAZEPINES, 24

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: 1. No, the request for clonazepam or Klonopin, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics are recommended for brief periods, in cases of overwhelming symptoms, to afford applicants with an opportunity to recoup emotional and psychological resources. They are not recommended for chronic, long-term, and/or scheduled use purposes for which they are being proposed here. In this case, the attending provider did not furnish any applicant-specific rationale, narrative, or commentary which would offset the unfavorable ACOEM recommendation. The documentation on file was sparse and difficult to follow. The limited information on file seemingly suggested that the applicant was using Klonopin for regular purposes for sleep. This is not indicated or supported by ACOEM. Therefore, the request is not medically necessary. REFERENCES: ACOEM Practice Guidelines, Chapter 15, page 402, Anxiolytics section.