

<b>Case Number:</b>	CM14-0018981		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Internal 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 injured worker is a 53 year old male who reported an injury on 1/28/08, due to a fall. The clinical note dated 12/5/13 presented the injured worker with chronic neck, back, right shoulder, and right arm pain. The injured worker's physical exam revealed chronic opiate analgesic therapy, chronic multiple areas of pain (neck, back, right shoulder, and left fifth digit), mild to moderate depression, mild hypogonadism, hypothyroidism, active hepatitis C, probable internal derangement to the left knee, and permanent and stationary status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF KLONOPIN 0.5MG, #60:** 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:** The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend Klonopin for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Chronic use of benzodiazepines is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. A

more appropriate treatment for anxiety disorder is an antidepressant. The efficacy of the medication was unclear. It was unclear how long the medication has been prescribed. Additionally, the requesting physician's rationale for the request was unclear. As such, the request is not medically necessary.