

Case Number:	CM14-0113068		
Date Assigned:	08/01/2014	Date of Injury:	08/19/2003
Decision Date:	09/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 underlying date of injury in this case is 08/19/2003. The patient's diagnosis includes lumbar disc herniation and lumbar facet disease. The patient was seen in primary treating physician followup 02/05/2014. The patient was noted to have chronic intractable low back pain with radiation into the lower extremities. The patient reported that he recently fell down several stairs due to muscle weakness. The patient reported his pain was improving, although the physician was concerned about his overall strength. The treating physician recommended additional physical therapy and continued to prescribe methadone and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1MG # 112: 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): Page 24.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on benzodiazepines, states that this class of medication is not recommended for long-term use. The long-term risks are felt to outweigh the benefits of this

medication. In this case in particular, the medical records do not provide an alternate rationale for the use of this medication. To the contrary, the patient appears to be declining functionally, and it does not appear that continuing this medication would be beneficial to the patient's pain or weakness or falls. Overall this request is not supported by the treatment guidelines. This request is not medically necessary and appropriate.