

<b>Case Number:</b>	CM14-0114399		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/25/2005
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 53-year-old male with an injury date of 11/25/2005. Based on the 06/04/2014 progress report, the patient complains of pain in his neck, radiating down to his left upper extremity. The patient has an antalgic gait favoring the left lower extremity and currently ambulates with the use of a cane. In regards to the lumbar spine, there is tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle tone, left greater than right. The patient has also had a positive straight leg raise. In regards to the cervical spine, the patient has tenderness in the posterior cervical musculature and trapezius muscle. He has a mild decreased range of motion and pain with extension with pinching radiating to the shoulders. There is decreased sensation along the posterior lateral forearm on the left as well as palm on the left. The patient has decreased grip strength in the left when compared to the right. The patient's diagnoses include the following: 1. Lumbar discopathy with probably herniated nucleus pulposus with associated bilateral lower extremity radiculopathy, left greater than right. 2. Reactionary depression and anxiety with associated sexual dysfunction and sleep disturbance. 3. Status post posterior lumbar interbody fusion, L4-L5 and L5-S1, 04/14/2010. 4. Acute onset left lower extremity radiculopathy with profound weakness and possible left peroneal nerve palsy. 5. Urologic dysfunction/impotence. 6. Right knee internal derangement, likely secondary to overcompensation. 7. Lumbar SCS implant, 09/26/2011; revision to paddle lead, 12/11/2013. 8. Cervical mild ligamentous injury with bilateral upper extremity radiculopathy, left greater than right, secondary to constant use of cane with weight bearing. 9. Possible bilateral carpal tunnel syndrome, left greater than right. 10. Medication-induced gastritis. 11. Abnormal sleep study, 12/08/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5mg Q day prn #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications, Benzodiazepines Page(s): 24, 124.

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

**Decision rationale:** Based on the 06/04/2014 progress report, the patient presents with pain in his neck which radiates down to his left upper extremity. The request is for Klonopin 0.5 mg q. day p.r.n. #30. The patient has been taking Klonopin as early as 12/10/2013. MTUS Guidelines page 24 does not recommend this medication for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended. In this case, review of the records dating from 12/10/2013 to 06/04/2014 indicate that this patient has been using Klonopin 0.5 mg since 12/10/2013 which appears to be on a long-term basis. As such, the request is not medically necessary.