

Case Number:	CM14-0129596		
Date Assigned:	09/22/2014	Date of Injury:	11/25/2005
Decision Date:	10/21/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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, has a subspecialty in Nephrology 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:

This is a 53 year old male with an 11/25/05 injury date. The mechanism of injury was not provided. The injured worker is noted to have diabetes and smokes 3.25 packs per day. In a peer review that was directed by the insurance carrier on 6/20/14, a recommendation was made to begin weaning and discontinuing Klonopin. Since that time, the dose and frequency remains unchanged. In a follow-up on 7/2/14, the injured worker reports improved mobility in his neck and better sleep, since his previous cervical epidurals. The neck and radicular pain feel quite severe. He has been unable to cut back on his Norco. He is taking 8-10 Norco per day and attempting to cut back on Soma. Objective findings include cane use, left foot/ankle orthosis, foot drag, and tenderness over the lumbar paraspinal muscles. There is 4+/5 right LE strength compared to 4-/5 left LE strength. Diagnostic impression: chronic pain syndrome, cervical radiculopathy. Treatment to date: lumbar surgery, spinal cord stimulator, medications, cervical epidural steroid injections, cognitive behavioral therapy, A UR decision on 7/16/14 modified the request for Klonopin 0.5 mg #30 to allow for Klonopin 0.5 mg #30 one time only for weaning purposed. The rationale was that guidelines to do not support the long-term use of Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 mg #30: 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: CA MTUS Chronic Pain Medical Treatment Guidelines state that "benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant." They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In the present case, the documentation indicates long-term Klonopin use and there is no current plan for weaning the medication. The medical necessity of continuing this medication is not established. Therefore, the request for Klonopin 0.5 mg #30 is not medically necessary.