

Case Number:	CM14-0154082		
Date Assigned:	09/23/2014	Date of Injury:	08/14/2000
Decision Date:	11/18/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 licensed in psychiatry 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:

Injured worker is a 52 years old male with date of injury 8/14/2000. Date of the UR decision was 9/5/2014. Report dated 3/13/2014 indicated that continued to have headaches and neck pain which he rated as 8/10 at that visit. He was being prescribed Duragesic patch, Norco, Neurontin, Cymbalta, Zyprexa, Restoril, Lexapro, Provigil and Klonopin. He was diagnosed with chronic headaches from electrocution accident, frequent syncopal episodes and seizure disorder. Report dated 5/1/2014 suggested that he reported pain level of 8-9/10 without medications and it drops to a 6/10 with medications. Report dated 7/3/2014 suggested that he was continuing to experience the headaches and neck pain which reduced to 5-5/10 with Norco. It was suggested that Klonopin was still being prescribed by another physician. Psychiatric report dated 1/16/2014 indicated that he was tolerating reduction in Klonopin well but did not want to decrease it anymore at that time. Report dated 5/1/2014 indicated that the injured worker was being prescribed Klonopin 1 mg every 6 hours as needed #118 along with other psychotropic medications including Cymbalta, Zyprexa, Lexapro, Abilify and Temazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg, #118: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24 124.

Decision rationale: MTUS states "Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Klonopin on an ongoing basis for at least 6 months with no clear documented plan of taper. A slight taper was started in January 2014, however it has not been completed. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Klonopin 1mg, #118 is not medically necessary.