

Case Number:	CM14-0160969		
Date Assigned:	11/03/2014	Date of Injury:	12/27/2000
Decision Date:	12/10/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 63 year old female with date of injury of 12/27/2000. The date of the UR decision was 9/1/2014. The injured worker encountered low back pain with bilateral lower extremity paresthesia's secondary to industrial trauma. He was diagnosed with Lumbar radiculopathy and was treated with physical therapy, pain medications. A report dated 1/27/2010 suggested that the injured worker was being prescribed Lexapro, Tramadol and Klonopin. Per report dated 8/22/2014, the injured worker was being prescribed Abilify 10 mg daily, Klonopin 1 mg as needed, not to exceed 4 doses in 24 hours for diagnosis of Bipolar disorder. Per report dated 10/13/2014, her chief complaint was listed as Schizoaffective disorder. Her mood was reported as sad, affect was mood congruent, flat and restricted range. She was being prescribed Abilify, Clonazepam, Lexapro, Quetiapine, Temazepam, Trazodone and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Klonopin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The 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 since 2010 with no documented plan of taper. The MTUS guidelines state that the use of Benzodiazepines should be limited to 4 weeks. The request for Unknown Prescription of Klonopin is not medically necessary as the guidelines recommend that its use should be limited to 4 weeks.