

Case Number:	CM14-0169533		
Date Assigned:	10/17/2014	Date of Injury:	05/04/1995
Decision Date:	11/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/14/2014

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 Physical Medicine and Rehabilitation, 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 63-year-old male with an injury date of 05/04/1995. Based on the 08/07/2014 progress report, the patient has persistent low back pain which extends down the bilateral lower extremities. He is anxious over his ongoing stomach problems and continues to be extremely excitable, agitated, and somewhat aggressive/argumentative. The patient has significant major depressive disorder. The patient ambulates with the use of a cane. The 08/14/2014 progress report also indicates that the patient has psychiatrically based impairments of sleep, energy, concentration, memory, emotional control, and stress tolerance. On 06/17/2014, the patient had an esophagogastroduodenoscopy with biopsy and a left colonoscopy. The patient's diagnoses include the following: 1. Chronic low back pain, status post multiple lumbar spine surgeries including anterior and posterior lumbar fusion at L3 to S1. 2. Left greater than right lower extremity radicular symptoms. 3. Bilateral upper extremity neuropathic symptoms with weakness and atrophy of the left forearm musculature. 4. Headaches probably cervicogenic with cervical degenerative disk disease and cervical myofascial pain. 5. Gastritis/gastroesophageal reflux with history of previous non-steroidal anti-inflammatory use with persistent symptoms. 6. Major depressive disorder with increased anxiety, agitation, and insomnia. The utilization review determination being challenged is dated 10/08/2014. Treatment reports were provided from 05/01/2014 - 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #180: 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: According to the 08/07/2014 progress report, the patient complains of having low back pain which extends to the bilateral lower extremities as well as having a major depressive disorder. The request is for Klonopin 1 mg #180. The patient has been taking Klonopin as early as 06/17/2014. 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 05/01/2014 to 08/14/2014 indicate that this patient has been using Klonopin 1 mg since 06/17/2014 which appears to be on a long-term basis. Recommendation is for denial.