

Case Number:	CM14-0174547		
Date Assigned:	10/27/2014	Date of Injury:	06/12/2004
Decision Date:	12/03/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational Medicine 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 patient is a 53 year old female who has developed chronic spinal pain subsequent to an injury dated 6/12/04. She has lumbar pain associated with a neuropathic pain syndrome affecting her lower extremities. She is reported to have pain levels up to 8/10 VAS (visual analog scale) and an associated restless leg syndrome. She is being treated with oral and transdermal analgesics. Surgical consultation is pending. She is known to have significant lumbar spondylosis most severe at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Klonopin 1mg, #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/klonopin-drug.htm>

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

Decision rationale: MTUS Guidelines are very specific in the recommendation that Benzodiazepine drugs be utilized only on a short term basis. It is documented that the Klonopin is utilized for the restless leg syndrome and there are several other classes of drugs that can be utilized as it is thought that Benzodiazepines causes sedation only. There are no unusual

circumstances that would justify an exception to Guideline recommendations. On a chronic basis the Klonopin 1mg, #60 is not medical necessary.