

Case Number:	CM14-0028146		
Date Assigned:	06/13/2014	Date of Injury:	01/25/2007
Decision Date:	07/16/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/05/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 65 year old male with a history of an industrial injury on 01/25/2007 as result of being hit in the head by a 27 inch TV set, causing a laceration to his head a period of loss of conscious. He has a h/o cervical fusion, chronic low back pain with identified dicogenic disease, left shoulder contusion and left knee sprain / strain. According to the Physician's Progress Report dated Feb 3, 2014, the patient had no interval change since most recent appointment; however, the next statement is 'He has had a flare-up which left him very incapacitated' without any further details. His physical exam documents 'cervical spine reveals present spasm. Range of motion is painful and decreased.' Radiculopathy is present at C6-7 bilaterally. Tenderness to palpation is present over the cervicotrapezial ridge. Exam of the left shoulder reveals positive impingement on the left. Range of motion is painful on the left. Forward flexion and abduction are to 90 degrees. Tenderness to palpation is positive at the acromioclavicular joint.' 'Exam of the lumbar spine reveals present spasm. Laseque is positive bilaterally. Range of motion is painful and limited. Straight leg raise is positive at 70 degrees bilaterally. Pain is noted at S1 bilaterally.' 'Exam of the knee reveals joint line tenderness and patellofemoral crepitation with a positive Apply grind test.' His current pain management includes Baclofen 10mg, one table three times daily, Nycynta 75mg, two tablets twice daily and Norco 10/325, one tablet three times daily. He takes Klonopin 1mg, two tablets at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 1MG #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Benzodiazepines.

Decision rationale: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The patient has been on Klonopin daily since the Sept / Oct time frame of 2013. The submitted Physician's Progress Reports denotes continued prescription of Klonopin since Oct 10, 2013 without designating the reasoning for the prescription. Based upon the prescription order, it seems as though it is being used as a sleep aid. This is not the intended use of anxiolytic / antispasmodic medication. As Benzodiazepine use is expressly limited to 4 weeks, the use since October has greatly exceeded the guidelines, written to prevent patient harm. I authorize a single prescription of Klonopin #28 with the following specific sig: 2 tablet by mouth at night for 7 days, then 1 tablet by mouth for 14 days. After this weaning period, no further Benzodiazepine prescriptions are authorized.