

Case Number:	CM14-0032442		
Date Assigned:	04/14/2014	Date of Injury:	10/06/2003
Decision Date:	05/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 59-year-old female who reported an injury on 10/03/2003. The mechanism of injury was not stated. Current diagnoses include cervical radiculopathy, occipital neuralgia, myalgia/myositis, status post cervical fusion, headaches, dysphasia, chronic pain, and rule out migraine headache. The injured worker was evaluated on 11/05/2013. The injured worker reported persistent low back pain with radiation to bilateral lower extremities and neck pain with radiation to bilateral upper extremities. Physical examination revealed moderately reduced cervical range of motion with tenderness to palpation and muscle spasm. Treatment recommendations included continuation of Klonopin 0.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 0.5MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is

unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. As per the documentation submitted, the injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the ongoing use of this medication has not been established. Guidelines do not recommend long term use of this medication. There is also no frequency listed in the current request. Therefore, the request for Klonopin 0.5mg #60 is not medically necessary.