MAXIMUS Federal Services

Case Number:	CM14-0035963		
Date Assigned:	06/23/2014	Date of Injury:	10/05/2007
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 62 year old male who was injured on 10/5/07 after lifting a heavy object. He was diagnosed with chronic low back pain, thoracic/lumbosacral radicuitis, anxiety, and depression. He was treated with surgery (back and stimulator implant surgeries), oral analgesics, anti-depressants, psychotherapy, and benzodiazepines. Klonopin and Prozac were prescribed by his psychiatrist and had been taking them for an undetermined length of time, from what was gathered from the notes provided for review. It appears that the Klonopin was prescribed for night-time use, but nothing was found in the documents provided clarifying if it was for insomnia related to his pain or from his anxiety or another reason. On 7/12/13 he was see by his psychiatrist who recorded the worker mentioning that he "sleeps OK" with the Klonopin. On 3/4/14, the worker was seen by his pain specialist physician reporting his usual persistent low back pain with radiation into his right foot. He also reported that he was not working at the time and that without the medications he was using (Klonipin, Prozac, Oxycodone) he would be bedridden.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1.0mg #90 with x3 refills: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. It appears that the Klonopin was used for insomnia with some benefit, in the case of this worker, however, the longterm use of this medication does not seem to be justified as first-line therapy for anxiety and depression and pain control alone should be considered first. Therefore, the Klonopin is not medically necessary. Many other safer and less addictive medications or non-medication strategies for sleep may be offered to the worker for extra help with sleep if the primary diagnoses are still causing insomnia.