

Case Number:	CM14-0038836		
Date Assigned:	06/27/2014	Date of Injury:	06/01/2011
Decision Date:	09/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 56 year old female who was reported to have developed pain in her wrist, hands, and neck as a result of repetitive work activity. Records indicate that the injured worker was diagnosed with carpal tunnel syndrome. On examination, she was noted to have positive Tinel's and Phalen's sign. She is noted to be pending a right carpal tunnel release. The record contains a utilization review determination dated 03/31/14 in which a request for Klonopin 1mg #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #30: 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: The request for Klonopin 1mg #30 is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a diagnosis of carpal tunnel syndrome. There is no data in the record which establishes the medical necessity for the use of Klonopin with this diagnosis. Further, Klonopin is a benzodiazepine which is not supported under

CAMTUS for the treatment of chronic pain. Based on the submitted clinical information, medical necessity for the request has not been established.