

Case Number:	CM14-0062868		
Date Assigned:	07/11/2014	Date of Injury:	11/08/2002
Decision Date:	08/25/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55-year-old female, who has submitted a claim for failed back syndrome, bilateral lower extremity radiculitis and chronic regional pain syndrome associated with an industrial injury date of November 8, 2002. Medical records from 2004 through 2014 were reviewed, which showed that the patient complained of low back pain with weakness and sensory loss of the lower extremities. Physical examination of the lumbar spine showed straightening of the lumbar spine with loss of normal curvature. Range of motion was restricted with flexion, extension, right lateral bending, left lateral bending, lateral rotation to the left and lateral rotation to the right. Examination of the paravertebral muscles revealed tenderness on both sides. SLR (straight leg raise) was positive on the left side in sitting at 90 degrees and in supine position at 70 degrees. X-ray of the lumbar spine done on Sept. 17, 2007 showed osteopenia. MRI of the lumbar spine done on December 23, 2002 showed multilevel disc protrusion. MRI of the lumbar spine done on August 5, 2005 showed left sided L5/S1 neural foramina narrowing, postoperative changes and multilevel spondylosis of the lumbar spine; L5/S1 bilateral neural foramina narrowing, left greater than right. Treatment to date has included Soma, Lortab, Klonopin, Lidoderm patches, physical therapy, aquatic rehab, Toradol, penicillin, codeine, morphine, Mobic and omeprazole. The Utilization review from April 1, 2014, denied the request for 1 prescription of Klonopin 2 mg #60 with 2 refills because evidence based guidelines do not support the use of this type of medication for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Klonopin 2 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the patient has been on Klonopin (Benzodiazepine) since November 2002, which is beyond what the guideline suggests. In addition, CA MTUS states that tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Therefore, the request for Klonopin 2mg #60 with 2 refills is not medically necessary.