

<b>Case Number:</b>	CM14-0067601		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 56 year old male with date of injury 3/14/03. The treating physician report dated 1/27/14 states; Additional authorization is requested for the following psychotropic medications: Cymbalta 60mg #30, Seroquel 25mg at bedtime 330 and Klonopin 0.5mg #60 at bedtime, as prescribed in this office by psychiatrist (report not included). Orthopedic report dated 4/17/14 states that the patient continues with bilateral knee pain, moderate to severe lower back pain with bilateral radiating pain into the lower extremities, right shoulder pain, anxiety and depression.

The current diagnoses are diagnoses are lumbar disc derangement, Lumbar radiculopathy, Bilateral knee pain, Meniscus tear right knee, Right shoulder strain, Anxiety and depression, deferred to a specialist. The utilization review report dated 4/28/14 modified the request for Klonopin from #60 to #20 for weaning purposes based on the MTUS guidelines.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, page 24.

**Decision rationale:** TThe patient presents with chronic pain affecting the knees, shoulder, lumbar spine and lower extremities with anxiety and depression. The current request is for Klonopin 0.5mg #60. Klonopin is a benzodiazepine used as a sedative and muscle relaxant. There is no report found in the 147 pages provided from the psychiatrist to provide medical rationale for continuation of a benzodiazepine. The utilization review report dated 4/28/14 stated that there was previous partial certification on 1/15/14 for Klonopin 325 for weaning purposes. The MTUS Guidelines state, Benzodiazepines is 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. The MTUS does not support the usage of this medication beyond 4 weeks so it is unclear why this medication continues to be prescribed and has not been weaned at this point. The request is not medically necessary of Klonopin 0.5mg #60 as the patient was partially certified for Klonopin #20 for weaning purposes.