

Case Number:	CM14-0071595		
Date Assigned:	07/16/2014	Date of Injury:	05/12/1998
Decision Date:	09/16/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/16/2014

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 52-year-old female who has submitted a claim for post laminectomy syndrome, lumbago, major depression, and panic disorder associated with an industrial injury date of May 12, 1998. Medical records from February 23, 2011 up to March 19, 2014 were reviewed showing that her affect was bright; mood was stable, with no suicidal ideation as seen in latest report. She complained of worsening pain in the bottom of her feet, ankles, and low back. She also experienced numbness, tingling, and weakness involving the bilateral lower extremities extending to the toes. She reported instability in walking. The patient's pain was 8-9/10 without medications and 5/10 with medications. Medications allowed the patient to remain functional with increasing mobility and tolerance of activities of daily living and home exercises. Lumbosacral examination revealed L4-L5 tenderness, bilateral sciatic notch tenderness, a limited range of motion, positive sitting straight leg test, decreased motor strength and sensation in bilateral lower extremities. MRI of lumbar spine taken on March 14, 2014 showed persistent edema and post surgical changes at the site of laminectomy at the L4-L5 and L5-S1 levels; interval increased junctional disease at the L3-L4 level with increased disc height loss and a small posterior disc bulge resulting in moderate canal stenosis. The patient's treatment to date has included physical therapy, acupuncture, epidural injections, facet blockers, lumbar fusion, intrathecal pain pump, and medications such as Oxycodone, Fentanyl, Nucynta, Amitiza, Omeprazole, Zofran, and Tizanidine. The utilization review from May 6, 2014 modified the request for Klonopin 1.0mg #100 to #30 with no refills into #30 with no refills because long-term use was not recommended by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1.0mg 100 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 105.

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

Decision rationale: As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. A more appropriate treatment for anxiety disorder is an antidepressant. In this case, the patient does have major depression and panic disorder. She was prescribed Klonopin since March 2014; however, guidelines do not recommend long-term use of benzodiazepines for such conditions. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Klonopin 1.0 mg #100 is not medically necessary.