

<b>Case Number:</b>	CM14-0077393		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/11/2006
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 47-year-old man, with medical history for hypertension, depression, anxiety, and agoraphobia; who sustained a work related injury on April 11, 2006. Subsequently, he developed low back pain. He underwent L3-4 lumbar decompression on December 20, 2010. The patient has undergone psychological care for years. According to the follow-up report dated June 26, 2014, the patient has been complaining of low back pain with left greater than right rated 6/10. Physical examination showed lumbar tenderness with reduced range of motion, left quadriceps 4+/5 and left tibialis anterior 4/5, Right quadriceps 5-/5. Positive straight leg raise The patient was diagnosed with status post remote lumbar decompression, protrusion 5 mm L3-4 with radiculopathy, left shoulder pain and reactive depression/anxiety. The provider requested authorization to use Klonopin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg 1 bid:** 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 MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. In addition, there is no recent documentation of insomnia related to pain. Therefore the use of Klonopin 1 mg is not medically necessary