

Case Number:	CM14-0081180		
Date Assigned:	07/18/2014	Date of Injury:	04/24/1997
Decision Date:	10/16/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 24, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of aquatic therapy; and anxiolytic medications. In a Utilization Review Report dated May 9, 2014, the claims administrator denied a request for Klonopin. The applicant's attorney subsequently appealed. In a January 13, 2014 progress note, the applicant reported persistent complaints of low back and hip pain, 5/10. The applicant was apparently having issue with derivative complaints of sleep disturbance. The applicant was given Klonopin and Lunesta for sleep disturbance along with Robaxin for pain relief. The applicant's work status was not stated. On April 18, 2014, the applicant was again asked to employ Lunesta and Klonopin for chronic issues with sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic medications such as Klonopin may be appropriate for "brief periods," cases of overwhelming symptoms, in this case, however, it appears that the attending provider is intent on employing Klonopin for chronic, long-term, and scheduled use purposes, for sleep disturbance. This is not an ACOEM-endorsed role for Klonopin. Therefore, the request is not medically necessary.