

Case Number:	CM14-0091512		
Date Assigned:	07/25/2014	Date of Injury:	12/10/2008
Decision Date:	08/28/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/17/2014

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 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:

According to the records made available for review, this is a 36-year-old female with a 12/10/08 date of injury. At the time (5/21/14) of the request for authorization for Klonopin 1mg #60, there is documentation of subjective complaints of escalating symptoms in her low back and legs, and cervicogenic headaches on a daily basis and objective findings of marked decreased cervical spine range of motion to flexion and extension, severe tenderness down the posterior columns into the trapezius, lumbar spine guarding with range of motion and increased muscle spasm, moderate to severe tenderness diffusely from the high lumbar area down to the sacrum secondary to myofasciitis and muscle spasm, moderate sacroiliitis and pain over the sacroiliac joints bilaterally and pain with facet maneuvers. Current diagnoses are lumbar disc herniation/injury, multiple levels, with radiculopathy; status post lumbar spinal surgery, with continued severe pain; possible painful hardware, including spinal stimulator leads; myofasciitis with deconditioning and spasm, lumbar; sacroiliitis; situation reactive depression/anxiety secondary to above; cervicogenic headaches severe; inability to perform activities of daily living secondary to the above; inadequate transportation; and high dose narcotic therapy and adjuvants. Treatment to date has consisted of medications including Klonopin for at least 4 months. There is no documentation of the intended duration of use of Klonopin, the functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance and/or a reduction in the use of medications or medical services with use of Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #60: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Within the medical information available for review, there is no documentation of the intended duration of therapy for Klonopin. In addition, given documentation of treatment with Klonopin for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Klonopin. Therefore, based on guidelines and a review of the evidence, the request for Klonopin 1mg #60 is not medically necessary.