

<b>Case Number:</b>	CM14-0093174		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 January 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and earlier lumbar spine surgery. In a Utilization Review Report dated June 11, 2014, the claims administrator partially certified a request for Klonopin, reportedly for weaning purposes, while approving a request for Topamax. The applicant's attorney subsequently appealed. In a December 4, 2013 progress note, the applicant reported persistent complaints of low back pain, status post earlier lumbar spine surgery. The applicant had residual issues of chronic low back pain with electrodiagnostically-confirmed EMG and right hip arthritis, it was noted. The applicant's medication list was not furnished on this occasion. On February 26, 2014, the applicant reported persistent complaints of low back pain, 7-8/10. The applicant is using Klonopin, Topamax, tramadol, and Motrin. It was not clearly stated why Klonopin was being employed. In a May 28, 2014 progress note, the applicant reported persistent complaints of 7-8/10 low back, hip, groin pain. The applicant is asked to employ Klonopin. It was suggested that the applicant was using Klonopin for sedative effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 2mg #60:** Upheld

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

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

**Decision rationale:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, Klonopin or clonazepam is not recommended for chronic or long-term use purposes. Page 24 of the MTUS Chronic Pain Medical Treatment Guidelines goes onto the note that Klonopin is typically not recommended for greater than longer than four weeks, including for the sedative effect purpose for which Klonopin is seemingly being employed here. No rationale for selection and/or ongoing usage of Klonopin in the face of the unfavorable MTUS position on long-term usage of the same was proffered by the attending provider. Therefore, the request is not medically necessary.