

<b>Case Number:</b>	CM14-0096120		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/15/2002
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52-year-old individual was reportedly injured on October 15, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 19, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 151 pound individual who was normotensive (105/69) and in no acute distress. There was some tenderness noted to palpation about the left upper extremity, and a decrease in shoulder range of motion was reported. Lumbar spine noted some tenderness to palpation, the presence of the well healed surgical scar and decreased range of motion. Diagnostic imaging studies were not presented for review. Previous treatment included surgical intervention, medications, physical therapy and pain management interventions. A request had been made for the medication Klonopin and was not certified in the pre-authorization process on June 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 1 prescription of Klonopin 1mg #90.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**Decision rationale:** Clonazepam (aka Klonopin) is a benzodiazepine used for the treatment of anxiety, seizures, neuralgia, and periodic leg movement disorder. It is not recommended for long term use. Further, as noted in the MTUS, this is not recommended due to rapid development of tolerance of dependence issues. There is little benefit in the use of this class of medications over non-benzodiazepines for the treatment of muscle spasm. Therefore, ongoing use of this medication is not medically necessary.