

Case Number:	CM14-0171334		
Date Assigned:	10/23/2014	Date of Injury:	09/11/2002
Decision Date:	01/02/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/16/2014

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, has a subspecialty in Interventional Spine 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 injured worker is a 61 year old female with a date of injury as 08/17/2002. The cause of injury was not included in the documentation. The current diagnoses are lumbago, low back pain, cervical pain/cervicalgia, and myofascial pain syndrome/fibromyalgia. Previous treatments include multiple medications, and individual psychotherapy. Primary treating physician's reports dated 04/03/2014 through 09/12/2014, psychological treatment update reports dated 05/13/2014 through 07/11/2014, and urine drug testing dated 07/01/2014 were included in the documentation submitted. Report dated 09/12/2014 documented the injured worker's presenting complaints included continued pain in the back and coccyx, medications are helpful. It was further documented that the injured worker was developing anxiety over not being able to receive medication. The injured worker stated that the medications allow her to not have pain with housework, walking, or being active. She has been on the same medications for a long time. The injured worker described her pain as aching and constant, and ongoing. In addition, the injured worker presented with pain described as 9 out of 10 with medications. Physical examination revealed back pain, myalgias, muscle weakness, stiffness and joint complaint. Tenderness was noted in the right sacroiliac joint and left sacroiliac joint. Treatment plan included continuing on current medications as she is stable on these medications and able to perform many things. Report dated 08/07/2014 notes that the injured worker is feeling less depressed and stressed, and able to perform all activities except gardening. Pain scale was noted to be 7 out of 10 with medications and 9 out of 10 without medications. The physician decreased the Klonopin due to less stress, but the physician did not note the new dosage/frequency in the report. According to the primary treating physician reports submitted, the prescription for Klonopin has remained the same from 04/03/2014 through 09/12/2014. Psychological treatment updates note that the injured

worker is experiencing moderate levels of depressive symptoms. Treatment regimen included relaxation exercises, stress management techniques, anger management, and cognitive restructuring. The urine drug screen results dated 07/01/2014 were negative for benzodiazepine, specifically clonazepam. The injured worker is on permanent disability. The utilization review performed on 09/26/2014 non-certified a prescription for Klonopin based on medical necessity, the California MTUS and Official Disability Guidelines were used as reference.

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 Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Benzodiazepines, Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24.

Decision rationale: Regarding the request for Klonopin (clonazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks...Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Klonopin 1 mg #60 is not medically necessary.