

Case Number:	CM14-0189806		
Date Assigned:	11/20/2014	Date of Injury:	05/31/2007
Decision Date:	01/08/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/13/2014

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 Montana. 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 has a date of injury of 5/31/07 with injury to the case. She did require cervical surgery with repeat surgery on 11/13/12 for a redo C6-7 fusion. Treatment has included therapy, including a TENS unit, and multiple medications. Medications have included methadone, oxycodone, Cymbalta, amitriptyline, gabapentin, pregabalin, Robaxin, Klonopin, and Wellbutrin. Current diagnoses are degenerative disc disease of the cervical spine, cervical neuritis/radiculitis, cervicgia, bilateral cubital tunnel syndrome, carpal tunnel syndrome status post bilateral carpal tunnel releases, and situational depression/anxiety. The primary treating physician has requested Klonopin 1 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines

Decision rationale: Klonopin is a benzodiazepine type of medication. The MTUS notes that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsants, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The Official Disability Guidelines (ODG) note that benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. A dose-response effect was evident, with a hazard ratio of 3.60 for up to 18 pills per year, 4.43 for 18-132 pills per year, and 5.32 for over 132 pills per year. The AGS updated Beers criteria for inappropriate medication use includes benzodiazepines. Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). See also Anxiety medications in chronic pain; & Insomnia treatment. Benzodiazepines that are commonly prescribed include the following: alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, estazolam, flurazepam, lorazepam, midazolam, oxazepam, quazepam, temazepam, & triazolam. The potential for adverse outcomes increases with concurrent prescribing of medications with sedative properties; thus, concomitant prescribing of opioids, tramadol, benzodiazepines, and other sedating medications (such as H1 blocker antihistamines) is not recommended. The prescribing of psychostimulants to combat the sedating side effects of other medications is discouraged. If a pharmacologic intervention produces side effects significant enough to warrant their own treatment, the pharmacologic intervention itself should be considered ineffective secondary to intolerable side effects. Benzodiazepines are Not Recommended as first-line medications by ODG. Criteria for use if provider & payor agree to prescribe anyway: Indications for use should be provided at the time of initial prescription and authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. Benzodiazepine maintenance is recommended for selected patients, due to risks of weaning. Early research indicates that switching from rapid-onset, short-acting benzodiazepines to slow-onset, long-acting formulations is an option. In some cases this will actually allow for ultimate discontinuation of this class of drugs. Clonazepam is the suggested drug to switch to. It has a slow onset of action, half-life of 18-50 hours, high potency and lack of active metabolites. See also Weaning, benzodiazepines (specific guidelines). In this case, the medical records indicate that the injured worker has been prescribed Klonopin to manage depression, anxiety and suicidal ideation, not for chronic pain or muscle spasm. It is not clear how long he has been on Klonopin. As noted above, if using a benzodiazepine, a long-acting formulation such as

Klonopin is preferred. It does appear that the current use of Klonopin is required to manage the mental health aspects of this case. Therefore, this request is medically necessary.