

Case Number:	CM14-0206160		
Date Assigned:	12/18/2014	Date of Injury:	11/25/2005
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab 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 patient is a 53 year old male with date of injury 11/25/05. The treating physician report dated 12/09/14 indicates that the patient presents with pain affecting his neck which radiates down to bilateral upper extremity and low back pain which radiates into bilateral lower extremities. (6) The physical examination findings reveal that the patient has an antalgic gait favoring the left lower extremity, tenderness to palpation over the cervical & lumbar spine, Straight Leg Test was positive on left & right, and decreased sensation to Wartenberg pinprick. Prior treatment history includes lumbar fusion in 2010, cervical epidural steroid injections, use of a cane, and medications. The patient is permanent and stationary. MRI findings reveal L4-5 and L5-S1 bilateral foraminal stenosis and mild facet arthropathy. EMG studies revealed bilateral C5, C6, and left C7 radiculopathy, bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment in both elbows. EMG studies of the lumbar spine revealed severe left L5 and S1 and a moderate right L5 and S1 radiculopathy. The current diagnoses are: 1. Depression & Anxiety 2. Lumbar Discopathy 3. Cervical Myoligamentous 4. Medication- induced Gastritis 5. Abnormal Sleep Study, December 2013The utilization review report dated 11/14/14 denied the request for Klonopin 0.5 mg daily PRN # 30 based on modifying for weaning purposes. (164)

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 mg daily PRN # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines

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

Decision rationale: The patient presents with pain affecting his neck which radiates down to bilateral upper extremity and low back pain which radiates into bilateral lower extremities. The current request is for Klonopin 0.5 mg daily PRN # 30. The treating physician states, "His Xanax was changed to Klonopin at the recommendation of another doctor, who also felt he should have a psychiatric consult." The MTUS guidelines state, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." In this case, the treating physician has been prescribing this medication since at least November 2013 which exceeds the MTUS recommendations. The request is not medically necessary.