

Case Number:	CM15-0000081		
Date Assigned:	01/27/2015	Date of Injury:	05/03/2001
Decision Date:	04/07/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female, who sustained an industrial injury on May 3, 2001. She has reported pain of the neck, shoulder, and left arm and hand. The diagnoses have included cervical and lumbar disc degeneration, displacement of cervical and lumbar intervertebral discs, lumbar post laminectomy syndrome, depression, and anxiety. Treatment to date has included medications, radio frequency rhizotomy of the cervical spine, trigger point injection, exercises, acupuncture, ice, heat, cervical spine fusion, and imaging studies. Currently, the injured worker complains of pain of the left neck and shoulder with residual radiculopathy of the left arm and hand. The treating physician is requesting a course of acupuncture and a prescription for Klonopin. On December 16, 2014 Utilization Review conditionally non-certified the request for acupuncture and non-certified the request for a prescription for Klonopin noting the lack of documentation to support the medical necessity of the services. The MTUS chronic pain medical treatment guidelines and ODG were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin (Clonazepam) 1mg #90 with 3 refills: Overturned

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

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

Decision rationale: The injured worker is being treated for chronic pain syndrome and anxiety disorder. She has been on long-term opioid and benzodiazepine therapy. Given the established long-term use of benzodiazepine and documented diagnosis of depression associated anxiety disorder, request for Klonopin is medically necessary.