

Case Number:	CM15-0002866		
Date Assigned:	01/15/2015	Date of Injury:	03/21/2006
Decision Date:	03/16/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/06/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 46 year old female, who sustained an industrial injury on 3/21/2006. The diagnoses have included Complex Regional Pain Syndrome (CRPS), bilateral knee pain internal derangement and right knee arthroscopy. Treatment to date has included medications, TENS unit, Synovisc injections, and knee braces. Currently, the IW complains of severe bilateral knee pain 7 to 10/10 to the right knee and left knee 7/10 with tenderness noted and crepitus. The injured worker reported improvement in sleep with Klonopin use. The treating provider also requested a surgical referral for possible total knee replacements. On 12/3/2014 Utilization Review non-certified Klonopin 1mg #30, noting the MTUS Chronic Pain Treatment Guidelines, Benzodiazepines. On 1/6/2015, the injured worker submitted an application for IMR for review of Klonopin 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of medications Page(s): 24, 124.

Decision rationale: Klonopin (clonazepam) is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed documentation indicated the worker had been taking this medication for at least several months at the time of the request. There was no discussion describing special circumstances that sufficiently supported long-term use. In the absence of such evidence, the current request for thirty tablets of Klonopin (clonazepam) is not medically necessary. Because the risks significantly outweigh the benefits of continued use based on the reviewed documentation, the worker should be able to complete an appropriate wean with the medication already available.