

<b>Case Number:</b>	CM15-0100316		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	08/28/2003
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: 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 57 year old male, who sustained an industrial injury on 8/28/2003. He reported injury from a slip and fall. The injured worker was diagnosed as having a fracture that required 2 surgeries, anxiety, sleep disorder, psychological factors affecting medical condition and orthopedic injuries. There is no record of a recent diagnostic study. Past treatment to date has included surgery, physical therapy and medication management. In a progress note dated 4/14/2015, the injured worker complains of pain in the back, bilateral ankles and bilateral shoulder, rated 8/10. He also notes medications help with the feelings of depression, hopelessness and helplessness. Physical examination showed grimacing, a significant limp, depressed behavior and irritability. The treating physician is requesting Klonopin 1 mg #90 and 12 hours per week of home assistance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg qty: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

**Decision rationale:** Klonopin (Clonazepam) is an anxiolytic, sedative hypnotic medication in the benzodiazepine family, which inhibits many of the activities of the brain, as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered or support beyond guidelines criteria for this chronic injury of 2003. The Klonopin 1mg qty: 90 is not medically necessary and appropriate.

**Home assistance (4 hours per day times 3 days per week) (months) qty: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page 52.

**Decision rationale:** MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living. Exam indicated tenderness and decreased range; however, has no specific change or progressive neurological deficits. The Home assistance (4 hours per day times 3 days per week) (months) qty: 12 is not medically necessary and appropriate.