

Case Number:	CM15-0102057		
Date Assigned:	06/04/2015	Date of Injury:	11/14/2007
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old female patient, who sustained an industrial injury on November 14, 2007. She sustained the injury due to a slip and fall. The diagnoses include lumbago, osteoarthritis, degenerative joint disease, chronic pain syndrome, lumbar facet joint pain, thoracic/lumbosacral neuritis or radiculitis, knee pain, lumbar radiculopathy and degeneration of lumbar intervertebral disc. Per the doctor's note dated 4/20/2015, she had complains of low back pain, bilateral knee pain, and left leg pain. She reports left knee pain following a total knee replacement. She reports that her pain has progressed since her last visit and she has increased pain in the left leg. She rates her pain without medications as a 10 on a 10-point scale and with medications a 5-6 on a 10-point scale. Her pain is relieved with medication, activity restriction and rest and this allows her to complete activities of daily living. She reports difficulty sleeping due to the increase in her pain. The physical examination revealed lumbar spine- restricted range of motion; left knee- exquisitely tenderness, mild swelling and pain with flexion. The medications list includes norco, neurontin, prilosec and soma. She has had EMG/NCS dated 9/4/14, which revealed bilateral chronic L4-5 and L5-S1 radiculopathy. She has undergone left total knee replacement and right knee arthroscopic surgery. She has had epidural steroid injection, ice/heat therapy and home exercise program. The treatment plan includes ice/heat therapy, gentle stretching and exercise, Norco, and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1 mg Qty 40, 1-1.5 at bedtime as needed for sleep: 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 page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 03/25/15) Benzodiazepine.

Decision rationale: Q Klonopin 1 mg Qty 40, 1-1.5 at bedtime as needed for sleep. Klonopin contains clonazepam, which is a benzodiazepine, an anti-anxiety drug. According to MTUS 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, 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." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from non-psychiatrist prescribers.

Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" Prolonged use of anxiolytic may lead to dependence, does not alter stressors or the individual's coping mechanisms, and is therefore not recommended. Response to other measures for insomnia/anxiety is not specified in the records provided. Response of the insomnia to sedating antidepressants like trazadone or amitriptyline, which are not, controlled substances and do not cause dependence, is not specified in the records provided. The medical necessity of Klonopin 1 mg Qty 40, 1-1.5 at bedtime as needed for sleep is not medically necessary for this patient.