

Case Number:	CM15-0106319		
Date Assigned:	06/10/2015	Date of Injury:	07/11/2003
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/02/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 51 year old female who sustained an industrial injury on 07/11/2003. Current diagnoses include radiculopathy left leg, facet arthropathy with referred pain, spinal stenosis of lumbar region without neurogenic claudication, acquired spondylolisthesis, and chronic pain syndrome. Previous treatments included medications, physical therapy, epidural steroid injection, rhizotomy, and home exercise. Report dated 04/14/2015 noted that the injured worker presented with complaints that included back and knee pain, and to review medications. Pain level was 5 out of 10 on a visual analog scale (VAS). Current medication regimen includes Norco, clonazepam, Ambien, laxative, vitamin D, Prilosec, clonidine, Zoloft, and Atenolol. It was noted that the clonazepam was used for cramping in the back of the left lower extremity, which allows her to sleep more than 3 hours at a time, less cramping during the day so she can work. Physical examination was positive for straight leg raise on the left, moderate pain, and decreased sensation. The treatment plan included assist with symptomatic help of withdrawals, resume physical therapy, continue Norco and Lisinopril, stay on Atenolol, start Zoloft, increase Klonopin, consider surgical evaluation, discussed medications and compliance, and follow up in one week or earlier. Disputed treatments include Klonopin

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2mg, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Benzodiazepines (updated 04/30/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain, Benzodiazepines.

Decision rationale: Klonopin is the brand name version of clonazepam. MTUS and ODG states that benzodiazepine (ie clonazepam) is "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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states that clonazepam is "Not recommended." The guidelines do not recommend long-term use of benzodiazepines and state that use is limited to four weeks. The submitted medical records indicate that the employee has been using Klonopin for greater than four weeks, exceeding the recommended treatment timeframe. Additionally, there is a lack of any significant documented efficacy with this medication. The treating physician does not outline any special circumstances or extenuating reasons to continue this medication in excess of guidelines. As such, the request for Klonopin 2mg, #45 is not medically necessary.