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| <b>Case Number:</b>   | CM15-0136135 |                              |            |
| <b>Date Assigned:</b> | 07/24/2015   | <b>Date of Injury:</b>       | 02/01/1999 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 07/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/14/2015 |

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 62 year old male, who sustained an industrial injury on 2/1/99. Initial complaints were not reviewed. The injured worker was diagnosed as having status post cervical surgery with residual symptoms; status post lumbar fusion surgery with residual symptoms; lower extremity radiculopathy; failed back syndrome; nodules with drainage thoracic spine and lumbar spine Etiology Unknown, possibly related to chronic patch usage; psychological sequelae secondary to industrial injury; migraine without aura; degenerative lumbar/lumbosacral intervertebral disc disease; degenerative cervical intervertebral disc disease; muscle spasm. Treatment to date has included urine drug screening; medications. Diagnostics studies included MRI lumbar spine (10/23/07); MRI cervical spine (12/12/07); MRI thoracic spine (12/12/07). Currently, the PR-2 notes dated 6/11/15 indicated the injured worker complains of lower, mid back, neck, left arm and right arm, right and left leg pain. He reports his pain is constant, burning, aching, cramping, shooting, electrical, deep, sharp, knife-like, spasm, numbness, tingling, stabbing, throbbing and moderate to "horrible" in severity. To improve upon his pain he lays down. Associated symptoms are listed by the provider as headache, swelling, nausea, vomiting, fatigue, pain that wakes you up, pain in the first steps in the morning, pain after periods of resting, weakness, fever/chills, stiffness to the neck and back, tenderness to neck and back, weakness to his legs. The provider completes a physical examination on this date and notes tenderness over the bilateral lumbar paraspinal muscles, bilateral sacroiliac joints and occipital tenderness noted on the right. The provider documents the injured worker presents with pain in the neck with radiculopathy to the bilateral upper extremities as well as low back pain with radiculopathy to the bilateral lower extremities. He was originally injured in 2/1999

carrying lumbar. He has had several surgeries to his neck and low back including cervical fusion at C3-4 and C4-5 with foraminotomy at C4, C5, and C6. He has also has a fusion at L5-S1. The injured worker reported he needed more surgery but when he arrived at his appointment to see the surgeon, he was told he no longer accepted industrial type claims and was not referred to any other surgeon. He has received several epidural steroid injections in the past with little relief as well as discograms. The provider notes that on physical examination the injured worker is very stiff to his neck and low back and unable to use either arm without causing increased pain to his neck. The injured worker reports he has not had medications since February 2015 due to it not being authorized. The provider is requesting authorization of Klonopin 0.5mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Klonopin 0.5mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications Page(s): 24; 124.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, 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. The medical records noted UDS dated 6/14/15, which was positive for oxycodone and OxyContin, negative for methadone and Klonopin, and positive for THC. The documentation submitted for review does not specify any indication for this medication. Absent such, medical necessity cannot be affirmed.