

Case Number:	CM15-0148043		
Date Assigned:	08/11/2015	Date of Injury:	12/06/2007
Decision Date:	09/15/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/30/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 47 year old female, who sustained an industrial injury on 12-6-2007. She reported injury to her neck and upper back. The mechanism of injury is not indicated. The injured worker was diagnosed as having anxiety disorder secondary to depression and chronic pain, lumbago, and chronic headaches and chronic cervical strain and muscle strain. Treatment to date has included medications, urine toxicology screening (3-3-2015, 4-9-2015, and 6-18-2015). The request is for Klonopin. On 2-8-2015, she reported she was out of Norco and Klonopin. She indicated she was very stressed out. Physical examination revealed she is noted to have multiple points of discomfort in the neck and thoracic spine areas along with spasticity, guarding and restricted range of motion. The treatment plan included: Klonopin, Norco, and Fiorinal. On 7-16-2015, she is indicated to be seen monthly for medication refill. Her neck and thoracic spine areas had multiple points of discomfort with noted spasticity. There are noted impingement findings in the neck area, and hyper tenacity in the trapezius bilaterally. The treatment plan included: refilling Norco, Fiorinal, Klonopin, Aciphex, Cymbalta, Lyrica, and Vibryd.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1 mg Qty 90: 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; MTUS (2009), 9792.20; Functional restoration approach to chronic pain management Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Benzodiazepines, Clonazepam.

Decision rationale: The CA MTUS does not address Klonopin (Clonazepam) directly; however does address Benzodiazepines. The CA MTUS does not recommend benzodiazepines 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. The ODG guidelines do not recommend Klonopin (Clonazepam). The ODG guidelines state benzodiazepines are not recommended for long-term use (longer than two weeks) and give specific criteria for use if the provider and the payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, she has been utilizing Klonopin since at least February 2015 with no noted functional improvement. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Klonopin 1 mg Qty 90 is not medically necessary.