

Case Number:	CM15-0181519		
Date Assigned:	10/08/2015	Date of Injury:	04/20/2009
Decision Date:	11/16/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/15/2015

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: Arizona, 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:

The injured worker is a 37 year old male who sustained an industrial injury 04-20-09. A review of the medical records reveals the injured worker is undergoing treatment for sexual dysfunction, sleep disorder, gastroesophageal reflux disease, neurogenic bladder and rectum, hypertension, depression, low back and neck pain. Medical records (08-04-15) reveal the injured worker is feeling "very depressed, very angry, and anxious." He is having issues sleeping, and if feeling very hopeless, He is losing his home and his family. The physical exam (08-05-15) was not documented. Prior treatment includes psychological counseling, lumbar laminectomy, medications, anterior cervical fusion, and physical therapy. The original utilization review (08-17-15) non certified the request for Klonopin 0.5mg #60. The documentation supports that the injured worker has been on Klonopin since at least 12/03/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case the claimant has been on Klonopin for several months and noted on Oct 2, 2015 that it did not help him. The continued and long-term use of Klonopin is not medically necessary.