

Case Number:	CM15-0183393		
Date Assigned:	09/24/2015	Date of Injury:	07/13/1999
Decision Date:	11/06/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/17/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain, hip pain, and mid back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of July 13, 1999. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve requests for Klonopin and Ativan. The claims administrator referenced an August 31, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On said August 31, 2015 office visit, the applicant reported ongoing complaints of neck and low back pain. The applicant had developed chronic stress and anxiety with his ongoing pain complaints, it was reported. The applicant's medications included Relafen, Norco, Ultracet, Nexium, Klonopin, Ativan, MiraLax, and Imitrex, it was reported. The applicant acknowledged that his chronic pain and mental health illness were interfering with work, concentrating, mood, and overall functioning. The applicant's was using Imitrex for migraines, it was incidentally noted. Multiple medications were renewed and/or continued, including Klonopin, Ativan, Imitrex, Norco, and Ultracet. One of the stated diagnoses was that of anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for Klonopin, a benzodiazepine anxiolytic, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 60-tablet renewal request for Klonopin, in effect, represented chronic, long term, and/or twice daily usage of the same, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.

Lorazepam 1mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Similarly, the request for lorazepam (Ativan), a second benzodiazepine anxiolytic, is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as lorazepam (Ativan) may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, the request in question was framed as a renewal or extension request for Ativan. It was suggested on August 31, 2015 that the applicant was using Ativan for long-term use purposes, for anxiolytic effect. Such usage, however, ran counter to the short-term role for which muscle relaxants are espoused, per MTUS Guideline in ACOEM Chapter 15, page 402, and also ran counter to commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variable such as "other medications" into his choice of recommendations. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate benzodiazepine agents, Klonopin and Ativan. Therefore, the request is not medically necessary.