

Case Number:	CM15-0184046		
Date Assigned:	09/24/2015	Date of Injury:	05/11/2006
Decision Date:	11/02/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 injured worker is a 51 year old male, who sustained an industrial-work injury on 5-11-06. He reported initial complaints of neck, head, low back, and shoulder pain. The injured worker was diagnosed as having chronic muscle spasms, myalgia and myositis, insomnia, chronic pain due to trauma, neck pain, cervico-occipital neuralgia, and spinal stenosis. Treatment to date has included medication and diagnostics. MRI results of the cervical region were reported on 2-27-13 that reported C4-5 and C5-6 disc bulges abutting the spinal cord. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 3-24-15 showed L4 abnormality. Currently, the injured worker complains of pain in the upper back, gluteal area, arms, legs, neck, thighs, and shoulders. Pain is radiating to the left ankle, right ankle, left arm, right arm, left calf, right calf, left foot, right foot, left thigh, and right thigh. Pain is described as ache, burning, deep, discomforting, dull, numbness, sharp, shooting, stabbing, and throbbing. Symptoms are relieved by heat, ice, lying down, movement, pain medications, rest, and transcutaneous electrical nerve stimulation (TENS) unit. Per the primary physician's progress report (PR-2) on 8-27-15, exam notes normal strength in the lower extremities, cervical region has painful and limited range of motion, crepitus, maximum tenderness at trapezius, pain with facet loading maneuvers. Lumbar exam notes normal gait, spasms to lumbar area with referring pain to the buttock bilaterally. The Request for Authorization requested service to include Klonopin 2 mg #180. The Utilization Review on 9-8-15 modified the request for Klonopin 2 mg #27 due long term use because efficacy is unproven and risk of dependence and does not

recommend automatic refills and need for taper-wean, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2 mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines are very specific with the recommendation that Benzodiazepine use be limited to short term use i.e. 4 weeks or less. This recommendation covers treatment for pain itself and any derivative issues secondary to chronic pain such as insomnia, anxiety or depression. There are no unusual circumstances to justify an exception to Guidelines. The Klonopin 2 mg #180 is not supported by Guidelines and is not medically necessary.