

Case Number:	CM15-0188600		
Date Assigned:	09/30/2015	Date of Injury:	10/07/2005
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/24/2015

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 female who sustained an industrial injury on 10-07-2005. Current diagnoses include spinal stenosis and radiculopathy. Report dated 08-12-2015 noted that the injured worker presented with complaints that included low back pain with radiating symptoms down her leg, numbness and tingling, and feels that her leg gives out on her. Pain level was not included. Physical examination performed on 08-12-2015 revealed decreased range of motion in the lumbar spine, increasing pain towards terminal range of motion, paraspinal musculature tenderness, spasm, tenderness in the sciatic notch, positive straight leg raise, and decreased sensation in the L5-S1. Previous treatments included medications, physical therapy, diagnostics, and biofeedback. The treatment plan included requests for surgical interventions and associated surgical services. The utilization review dated 09-22-2015, non-certified the request for Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #90 x 2 refills (9/11/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/klonopin.html>.

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

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 documentation submitted for review indicates that the injured worker has been using this medication long term since 2011. As the treatment is not recommended for long term use, the request is not medically necessary. Furthermore, the request for 3 month supply is not appropriate.