

Case Number:	CM15-0191625		
Date Assigned:	10/05/2015	Date of Injury:	03/01/2011
Decision Date:	11/12/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 52 year old male with a date of injury on 03-01-2011. He had a second date of injury on 03-13-2011 at another job. The injured worker is undergoing treatment for low back pain with Magnetic Resonance Imaging showing disk desiccations at L4-5 and bilateral foraminal stenosis at L4-5, and moderate spinal stenosis at L4-5, neck pain with intervertebral disk narrowing a C3-C4 and mild spinal stenosis and severe right foraminal stenosis per Magnetic Resonance Imaging, posttraumatic stress syndrome, and major depressive disorder-recurrent. In a physician note dated 06-09-2015 documents he sleeps 4-5 hours a night. He enjoys gardening. He has occasional feeling of hopelessness. His energy is a problem at times. His concentration is low. Venlafaxine ER is increased to 75mg three times a day and Klonopin 0.5mg is increased up to 2 times a day as needed for anxiety. A psychiatrist follow up note dated 09-10-2015 documents the injured worker is undergoing testing for testicular cancer. In addition he has guardianship of his grandson. He is doing fairly well. His depression is mild and he sleeps for 3-4 hours each night. He has a good appetite. He has psychomotor agitation and retardation at times. He gets upset easily. He has no suicidal ideation or homicidal ideations.

He lives with his 7-year-old grandson. He is compliant with his medications. Treatment to date has included diagnostic studies, medications, acupuncture, injections, therapy, massage therapy, and psychotherapy. The Request for Authorization includes Venlafaxine/Effexor 75mg QTY: 90.00 and Klonopin 0.5mg, QTY 45. On 09-23-2015, Utilization Review modified the request for Klonopin 0.5mg, QTY: 45.00 to Klonopin 0.5mg, QTY: 34.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg, QTY: 45.00: Upheld

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

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks."

In this case the exam note from 9/10/15 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition, there is no mention of prior response to this medication, increase in activity or a urine toxicology report demonstrating compliance. In addition, the injured worker has been on the medication since at least 6/9/15, which exceeds the duration recommended by the guidelines. Therefore, the request for Klonopin is not medically necessary.