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| Case Number: | CM15-0192878 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 06/17/1998 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 17, 1988. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for Klonopin apparently prescribed and/or dispensed on or around May 7, 2015. The applicant's attorney subsequently appealed. On April 9, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg, 7-10/10. The applicant was asked to pursue a revision lumbar spine surgery. Work restrictions were endorsed. It was not clearly stated whether the applicant was or not working with said limitations in place. On January 27, 2015, the applicant was described as having ongoing complaints of chronic low back pain with derivative complaints of anxiety. The applicant was using Klonopin once or twice daily for anxiolytic and/or sedative effect, the treating provider reported. Norco, Klonopin and Motrin were renewed. On April 9, 2015, Norco, Klonopin and Motrin were, once again, renewed. It was suggested that the applicant was using Klonopin for sedative effect on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Clonazepam 1 mg #60 dispensed on 5/7/2015: Upheld

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

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

Decision rationale: No, the request for clonazepam (Klonopin), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as clonazepam (Klonopin) may be appropriate for "brief periods," in cases of overwhelming symptoms. Here, however, the applicant had been using Klonopin for a minimum of several months as of the date of request, May 7, 2015. The applicant was using Klonopin on a once or twice daily basis for sedative and/or anxiolytic effect, the treating provider reported, i.e., seemingly well in excess of ACOEM parameters. Therefore, the request was not medically necessary.