

<b>Case Number:</b>	CM15-0195284		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/11/2003
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Physical Medicine & Rehabilitation

### 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 female who sustained an industrial injury on 07-11-2003. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbosacral facet arthropathy and radiculopathy. The injured worker is status post radiofrequency ablation times 3 (2007 and 2008). According to the treating physician's progress report on 08-24-2015, the injured worker continues to experience low back pain with left lower extremity symptoms rated at 4 out of 10 on the pain scale and decreased ability to walk. The low back pain and left lower extremity pain and numbness had improved with recent physical therapy, which stopped 3 weeks prior to the visit on 08-24-2015. The injured worker reported able to walk about 2 miles a day. The report noted a 25% decrease in medications over time and continues with Norco (approximately seventy tablets a month) and Klonopin (1-1.5 a day for cramping with dose increase to 2mg in 03-2015). The injured worker has been on both medications since prior to 06-2014. Objective findings documented moderate pain lateral to the midline over the bilateral facets at L5 and S1 area. Positive straight leg raise on the left without a pulling sensation on the right was noted. Pulses and deep tendon reflexes were intact with slight decreased sensation at the outside of the left leg. Prior treatments have included diagnostic testing, lumbar epidural steroid injection (latest in 01-2015), facet injections, rhizotomies, acupuncture therapy, chiropractic therapy, massage, physical therapy, home exercise program, H-wave therapy and medications. Current medications were listed as Norco 10mg-325mg, Klonopin 2mg, Celebrex, Zolofit and Prilosec. Treatment plan consists of continuing home exercise program, gym, medication regimen; consider surgical evaluation and

the current request for Klonopin 2mg #45. On 09-15-2015, the Utilization Review determined the request for Klonopin 2mg #45 was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Klonopin 2 MG #45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Benzodiazepine.

**Decision rationale:** The 51 year old patient presents with low back pain, referred pain to the left leg, plantar fasciitis, right knee injury, right shoulder pain, anxiety, panic and high blood pressure, as per progress report dated 07/10/15. The request is for Klonopin 2 mg #45. The RFA for this case is dated 09/08/15, and the patient's date of injury is 07/11/03. Diagnoses, as per progress report dated 08/24/15, included facet arthropathy with referred pain, left leg radiculopathy, lumbar spinal stenosis, acquired spondylolisthesis, and chronic pain syndrome. Current medications included Norco, Clonazepam, Celebrex, Laxative, Prilosec, Zoloft, Lisinopril, Atenolol and Laxative. The patient is not working, as per the same report. MTUS Chronic Pain Guidelines 2009, page 24 and Benzodiazepine section, states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines, Pain (chronic) chapter under Benzodiazepine states: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." In this case, Klonopin is first noted in progress report dated 07/31/12. It appears that the patient has been taking the medication consistently at least since then. As per progress report dated 08/24/15, Clonazepam is being prescribed for back, left lower extremity, and calf. The patient is using it for "severe cramping associated with nerve damage." The medication helps the patient sleep for more than 3 hours at a time, and there is less cramping during the day. Without Clonazepam, she will develop back spasms. This medication also reduces the use of Flexeril as it "works faster and better." In the report, the treater also states Clonazepam helps control opiate use and reduce anxiety. The report also indicates medications help reduce pain from 9/10 to 4/10. While Klonopin does appear to benefit the patient, MTUS and ODG guidelines, do not support the long-term use of this medication as its long-term efficacy is unproven and there is a risk of dependence. Hence, the request is not medically necessary.