

Case Number:	CM15-0202317		
Date Assigned:	10/19/2015	Date of Injury:	01/12/2008
Decision Date:	12/01/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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: Washington, 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 60 year old female who sustained an industrial injury on 1-12-08. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, knee derangement, acquired spondylolisthesis, thoracic and lumbosacral neuritis and radiculitis, sacroiliitis, lumbar sprain and strain, cervical intervertebral disc displacement without myelopathy, cervical spondylosis without myelopathy, degeneration of cervical intervertebral disc, generalized anxiety disorder, and depressive disorder. Treatment to date has included Surgery (L4-5 fusion in 2010, cervical fusion in 2009), cervical epidural steroid injections, lumbar epidural steroid injections, psychotherapy, TENS, and medication including OxyContin, Percocet, Cymbalta, doxepin and Klonopin. The injured worker had been taking Klonopin since at least February 2015. In a provider's progress note on 9-28-15, the injured worker complained of low back pain and left leg pain and weakness. Insomnia, anxiety, and depression were also noted. Physical examination findings included tenderness over bilateral paracervical borders and bilateral trapezius muscles. Lumbar axial and bilateral paraspinal border tenderness was noted. Sacroiliac joint tenderness was noted. A straight leg raise test was positive on the left. The treating physician requested authorization for Klonopin 1mg #30. On 10-5-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Muscle relaxants (for pain), Weaning of Medications.

Decision rationale: Clonazepam (Klonopin) is a long-acting benzodiazepine with sedative-hypnotic, anxiolytic, hypnotic, anticonvulsant and muscle relaxant properties. It is indicated for use in epilepsy, anxiety disorders, restless leg syndrome, panic disorder and alcohol withdrawal syndrome. When used long-term, tolerance to its effectiveness as a anticonvulsant, muscle relaxant and hypnotic occurs quickly. Tolerance to its anxiolytic effect develops within months and, if continued to be used, may actually increase anxiety. The MTUS does not recommend its use for long-term therapy. The American Psychiatric Association guidelines also notes little evidence to support their use in treating long-term anxiety. However, when this medication is used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. This patient has been taking this medication daily for over 2 months for its sedative-hypnotic and anxiolytic effects. Continued use is not indicated as per the above guidelines. Because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering. Medical necessity for continued use of this medication has not been established.