

Case Number:	CM15-0221924		
Date Assigned:	11/17/2015	Date of Injury:	12/04/2001
Decision Date:	12/31/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/11/2015

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, Hawaii
 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 62 year old female, who sustained an industrial injury on December 4, 2001, incurring low back injuries. She was diagnosed with lumbosacral disc disease. Treatment included pain medications, neuropathic medications, topical analgesic patches, antidepressants, transcutaneous electrical stimulation unit, and activity restrictions. The injured worker underwent a surgical lumbar spine fusion. Currently, the injured worker complained of persistent low back pain. She noted increased muscle spasms and a flare up of increased chronic pain resistant to medications. She was diagnosed with myofascial pain and failed lumbar surgery. Her consistent pain interfered with her activities of daily living. The treatment plan that was requested for authorization included a prescription for Klonopin 0.5 mg #120 with 3 refills. On November 5, 2015, a request for a prescription for Klonopin 0.5 mg, quantity #120 with 3 refills was modified to Klonopin 0.5 mg, quantity #30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #120 (3 refills): Upheld

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

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

Decision rationale: The patient presents with recent complaints of persistent low back pain, along with increased muscle spasms and a flare up of increased chronic pain resistant to medications. The current request is for Klonopin 0.5mg #120 (3 refills). Klonopin (clonazepam) is in a group of drugs called benzodiazepines. The utilization review dated 11/5/15 modified and certified the request to a count of 30 rather than 120 and did not certify any refills. The treating physician states in the treating report dated 10/19/15 (52B), "I would like to her to have Klonopin .5 milligrams with each Avinza as clearly this reduces her muscle spasms and helps with her insomnia at night and because of this most recent flare up where clearly she is having an impact of the SI joint and her posttraumatic secondary osteoarthritis." MTUS Guidelines do not recommend benzodiazepines for longer than 4 weeks. In this case, it is unclear how long the patient has treated with this medication however; the treating physician has prescribed benzodiazepines on an ongoing basis since at least March of 2015. Thus, the continuing use of this medication is not consistent with MTUS Guidelines. The current request is not medically necessary.