

Case Number:	CM15-0032796		
Date Assigned:	02/26/2015	Date of Injury:	12/04/2001
Decision Date:	04/13/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/23/2015

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 61-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 4, 2001. In a Utilization Review Report dated January 22, 2015, the claims administrator failed to approve a request for Klonopin while apparently approving a request for Avinza. An RFA form dated January 14, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On August 28, 2014, the applicant was apparently using a variety of medications, including Protonix, topical clobetasol, Carafate, Allegra, Avinza, Norco, Prozac, Lidoderm, and Klonopin. It was suggested that the applicant was using Klonopin up to four times daily. It was suggested (but not clearly stated) that the applicant was using Klonopin for anxiolytic and/or sedative effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Klonopin, an anxiolytic medication, 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 Klonopin may be appropriate for brief periods, in cases of overwhelming symptoms, in this case, however, the information on file points to the applicants using Klonopin, an anxiolytic medication, for chronic, long-term, and/or scheduled-use purposes. Such usage, however, runs counter to the MTUS Guideline in ACOEM Chapter 15, page 402. The attending provider failed to furnish any clear or compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.