

Case Number:	CM15-0035949		
Date Assigned:	03/04/2015	Date of Injury:	03/12/2007
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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: Georgia, California, Texas

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 46 year old female, who sustained an industrial injury on March 12, 2007. She has reported a back injury from pushing a cart. The diagnoses have included lumbago, neck pain, cervical radiculitis, headache, thoracic spine pain, and lumbar radiculitis. Treatment to date has included medications, and imaging. Currently, the IW complains of neck pain, headache, and low back pain. She rates her pain as 6-7/10 with medications, and indicates it to be worse without medications as 10/10. Physical findings are noted as no significant changes from her previous of a markedly slowed gait, and no use of an assistive device. The records indicate she started utilizing Klonopin prior to December 2014. On February 17, 2015, Utilization Review provided a partial certification of Klonopin 2mg #15, to allow for weaning off the medication. The MTUS, ACOEM, and ODG guidelines were cited. On February 25, 2015, the injured worker submitted an application for IMR for review of Klonopin 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, Chronic Pain Treatment Guidelines Benzodiazepines, Topical Analgesics Page(s): 24, 56-57, 111-113. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment Index, 13th edition (web), 2015, Low Back-Lumbar & Thoracic (Acute & Chronic)- MRI's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

Decision rationale: MTUS does not recommend long-term use of benzodiazepines, noting lack of proven efficacy, potential for dependence, and rapid development of tolerance to the anxiolytic, hypnotic, and muscle relaxant effects of benzodiazepines. In 2013 claimant received a supply of Valium in the emergency department for treatment of muscle spasm. However, current condition for which use of a benzodiazepine would be indicated is not documented. Based upon lack of support for long-term use of benzodiazepines by MTUS and lack of a documented current indication for benzodiazepine use, medical necessity is not established for the requested clonazepam.