

Case Number:	CM15-0036052		
Date Assigned:	03/04/2015	Date of Injury:	01/08/2013
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61-year-old male, who sustained an industrial injury on 1/8/13. He has reported low back injury. The diagnoses have included low back pain syndrome, idiopathic neuropathy, long-term use of opiate analgesic and degenerative disc disease lumbar area. Treatment to date has included oral and topical medications and a cane for ambulation. Currently, the injured worker complains of chronic low back pain and radiculopathy. Progress note dated 1/9/15 noted the injured worker was able to discontinue his Klonopin with use of compounded cream which has resulted in improvement of his neuropathic leg pain, however further into the exam it is noted attempts to discontinue Klonopin resulted in severe depression, vegetative state. The injured worker estimates 30to 50% functional improvement with pain medications. On 2/11/15 Utilization Review non-certified DC Klonopin, noting that based on prior review the injured worker should be completely weaned from this medication. The MTUS, ACOEM Guidelines, was cited. On 2/25/15, the injured worker submitted an application for IMR for review of Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long-term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. Klonopin has been used without proven efficacy. In addition, based on prior review the patient should be completely weaned from this medication. Therefore, the use of Klonopin is not medically necessary.