

Case Number:	CM15-0054584		
Date Assigned:	03/30/2015	Date of Injury:	08/26/2011
Decision Date:	05/06/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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 39-year-old [REDACTED] beneficiary who has filed a claim for chronic hip and low back pain with derivative complaints of anxiety and insomnia reportedly associated with an industrial injury of August 26, 2011. In a utilization review report dated March 12, 2015, the claims administrator failed to approve a request for Klonopin. An RFA form dated March 4, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In an April 2, 2015 appeal letter, the attending provider seemingly stated that he was appealing previously denied Restoril, Soma, Klonopin, Topamax, Lopressor, Zestril, Compazine, Protonix, and Proctosol cream. The applicant had various pain complaints, including leg pain, neck pain, headaches, arm pain, shoulder pain, and hand pain. The applicant had received a functional restoration program with minimal results. The applicant also had undergone earlier hip surgery and earlier sympathetic blocks. The attending provider suggested that the applicant continue usage of Klonopin and Restoril for anxiolytic effect until such time as the applicant was able to consult a psychiatrist so as to modify his psychotropic medication profile. The attending provider seemingly suggested that the applicant had been using both Restoril and Klonopin on a daily basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2mg #120 with 2 refills, right hip/leg and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 21,24,29,68 111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 402.

Decision rationale: No, the request for Klonopin, a benzodiazepine anxiolytic, is 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 employed for "brief periods," in cases of overwhelming symptoms, in this case, however, it appeared that the attending provider and/or applicant were intent on employing Klonopin for chronic, long-term, and/or scheduled use purposes, for anxiolytic and/or sedative effect. This is not an ACOEM-endorsed role for Klonopin. It was further noted that the attending provider failed to furnish a clear, compelling, or cogent applicant-specific rationale for concurrent usage of Klonopin and Restoril, two separate benzodiazepine anxiolytics. Therefore, the request is not medically necessary.