

Case Number:	CM15-0061008		
Date Assigned:	04/07/2015	Date of Injury:	03/12/2007
Decision Date:	05/06/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/31/2015

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, Illinois

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 47-year-old female, who sustained an industrial injury on 3/12/2007. The current diagnoses are neck pain, cervical radiculitis, headache, thoracic spine pain, low back pain, and lumbar radiculitis. The current medications include Tramadol, Lidoderm patch, and Klonopin. Per the 12/5/2014 notes, she complained of pain in the head, neck, upper back, mid back; lower back, bilateral shoulders, bilateral arms, and bilateral legs. The pain was associated with tingling, numbness, and weakness. The pain was rated 6-8/10 on a subjective pain scale. Treatment to date has included medication management, computed tomography scan of the cervical spine, X-ray/MRI of the lumbar spine, 12 physical therapy sessions, 12 exercise sessions, 12 acupuncture sessions, 12 chiropractic sessions, and 3 sessions of psychotherapy. The plan of care includes Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2mg, 1/2-1 tab at bedtime, #30: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 3/12/2007. The medical records provided indicate the diagnosis of diagnoses are neck pain, cervical radiculitis, headache, thoracic spine pain, low back pain, and lumbar radiculitis. Treatments have included Tramadol, Lidoderm patch, and Klonopin. The medical records provided for review do not indicate a medical necessity for Klonopin 2mg, 1/2-1 tab at bedtime, #30. Klonopin (clonazepam) is a benzodiazepine, used as a sedative/ hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Although the MTUS recommends against using it for more than 4 weeks due to worsening adverse effects and tolerance, the records indicate the injured worker has been using it for at least 6 months.