

Case Number:	CM15-0082906		
Date Assigned:	05/05/2015	Date of Injury:	09/23/2010
Decision Date:	06/09/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/30/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on September 23, 2010 while working as a time system coordinator. The injured worker has been treated for neck and low back complaints and major depressive disorder secondary to the work-related injuries. The diagnoses have included low back pain, cervical pain and major depressive disorder. Treatment to date has included medications, radiological studies, psychological evaluations, physical therapy and surgical intervention. The surgical intervention has included a lumbar spine fusion in 2011 and 2012 and a cervical fusion in 2014. A psychological evaluation dated December 15, 2014 notes that the injured worker continued to have constant low back pain with radiation to the lower extremities. Associated symptoms included intermittent numbness and tingling. The injured worker also noted bilateral neck pain, which radiated to the bilateral shoulders and shoulder blades. The injured worker remained depressed related to the progressive nature of the pain and resultant disability. The treating physician's plan of care included a request for the medication Klonopin 5 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 5 mg #90: 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: The CA MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, Klonopin is being prescribed for long-term use and thus the request is deemed not medically necessary.