

Case Number:	CM15-0086709		
Date Assigned:	05/08/2015	Date of Injury:	04/30/2001
Decision Date:	06/16/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2015

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: Colorado

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:

This is a 65 year old male with an April 30, 2001 date of injury. A progress note dated April 9, 2015 documents subjective findings (multi regional pain involving the back, legs, knees, neck, arms and hands), objective findings (paravertebral tenderness of the lower back; bilateral positive straight leg raises; severe weakness of both legs; decreased sensation along the right L5 nerve root distribution; symmetrical reflexes throughout the upper and lower extremities; walking with a cane; right shoulder tenderness with limited range of motion due to pain; cervical spine myofascial trigger points; limited cervical spine range of motion; numbness and tingling in both hands; multiple trigger points and tenderness along the cervical paraspinal muscles on the right with muscle spasms, and current diagnoses generalized pain; lumbago; cervical pain; limb pain; knee pain; shoulder pain; myalgia; cervical radicular pain). Treatments to date have included knee surgeries, carpal tunnel release, forearm surgery, tarsal tunnel release, medications, bracing, electromyogram/nerve conduction velocity studies of the bilateral upper extremities (consistent with bilateral severe carpal tunnel syndrome), imaging studies, and epidural blocks to the spine. The medical record identifies that medications, including Klonopin offer adequate overall pain relief. The treating physician documented a plan of care that included Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Klonopin 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Benzodiazepines.

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

Decision rationale: Benzodiazepines are not recommended for long term use. Per the guidelines, benzodiazepines can be used short term, no more than 4 weeks, in chronic pain, and in other indications including sedative/hypnotic, anxiolytic, anti-epileptic, and muscle relaxation. Chronic benzodiazepine use is rarely indicated, and can make symptoms worse over time. Tolerance to the anxiolytic and sedative properties of benzodiazepines develops within first few months of use. Per the records supplied, the patient has been taking Klonopin for more than 6 months at current dose. It is listed as one of the patient medications for chronic generalized pain. It is unclear in the records exactly how the Klonopin itself helps the patient as he takes multiple medications. Regardless, as it is not recommended for long-term use for any condition that patient has documented, the request for Klonopin is not medically necessary.