

Case Number:	CM15-0240234		
Date Assigned:	12/17/2015	Date of Injury:	10/20/2003
Decision Date:	01/27/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old male who sustained an industrial work injury on 10-20-03. The injured worker was diagnosed as having lumbar discogenic disease, radiculitis, and chronic low back pain. Treatment to date has included medication Ultram, Prilosec, Celebrex, Klonopin, transcutaneous electrical nerve stimulation (TENS) unit, and diagnostics. Currently, the injured worker complains of chronic low back pain and pain in the right hip. There was some burning in the feet occasionally and has difficulty sleeping due to the pain. Pain is rated 1-4 out of 10 with medication and increases to 5-6 without. Per the primary physician's progress report (PR-2) on 9-24-15, exam noted spasm of the lumbar spine, intact motor strength, weakly positive straight leg raise on the left at 60 degrees, Lesage is positive, positive paraspinal musculature spasm, left side, and pain with axial loading. Current plan is for medication refill. The Request for Authorization requested service to include Klonopin 1mg, #15. The Utilization Review on 11-18-15 denied the request for Klonopin 1mg, #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. Per the medical records submitted for review, it is noted that the injured worker utilizes this medication for neuropathic pain. The documentation submitted for review indicates that the injured worker has been using this medication since at least 9/2015. As the treatment is not recommended for long term use, the request is not medically necessary.