

<b>Case Number:</b>	CM14-0146624		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee, who has filed a claim for chronic neck pain, low back pain, arm pain, shoulder pain, and knee pain reportedly associated with an industrial injury of May 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; opioid therapy; and benzodiazepine anxiolytics. In a Utilization Review Report dated August 15, 2014, the claims administrator apparently partially certified a request for Klonopin, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a September 3, 2014, progress note, the applicant reported persistent complaints of low back pain radiating to the legs, highly variable, ranging from 5 to 10/10. The applicant stated that he was intent on weaning off of Norco as it reportedly caused moodiness, loss of energy, and poor motivation. The applicant's medication list was not clearly documented, although it did appear that the applicant was given refills of Norco and Neurontin. On August 6, 2014, the applicant was again given refills of Norco and Neurontin. Once again, the applicant's complete medication list was not clearly detailed. There was no mention of Klonopin on this particular note. On June 5, 2014, it was suggested that the applicant was still using Norco. It was stated that the applicant was now using Norco at rate of four tablets a day versus four tablets a day previously. The applicant's work status was now provided. Once again, there was no mention of the need for Klonopin. On July 9, 2014, the applicant was apparently pending an epidural steroid injection. The applicant's medication L, once again, not clearly detailed. Similarly, the applicant's work status was not furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medx2: Klonipine 0.5mg #75:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms. In this case, however, there was no mention of the need for Klonopin on several recent progress notes, referenced above. No rationale for selection and/or ongoing usage of Klonopin was furnished. The attending provider did not seemingly mention Klonopin on several progress notes, referenced above. There was, furthermore, no mention of any acute escalation in mental health symptoms for which temporary usage of Klonopin would have been indicated. Therefore, the request is not medically necessary.