

Case Number:	CM14-0149980		
Date Assigned:	09/18/2014	Date of Injury:	11/12/2008
Decision Date:	10/17/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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 Pain Management, 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 injured worker is a 44 year-old female who sustained right shoulder and low back injuries on November 12, 2008. The injured work also developed sudden onset of tremor in her right leg soon after a trigger point injection procedure was administered to her mid back. The injured worker was seen by the treating provider on December 25, 2013 for movement disorder consultation with complaints of pain in her mid to lower back and right hip, tremor in her right leg, as well as mechanical limitation of the right knee. On examination, weakness of the right leg and antalgic gait were noted. Tremor was also evident characterized by moderate amplitude and frequency, irregular and at time variable, and resting tremor unilateral on the right leg. The treating provider recommended a trial of benzodiazepine such as Clonazepam for her tremor. The injured worker is being seen by an alternate treating provider. On March 26, 2014, this provider prescribed Klonopin 0.5 mg once a day as recommended by the neurologist. In her follow-up visit on April 23, 2014, the injured worker complained of increased low back pain due to a fall secondary to the tremor of her right leg. She reported that Klonopin 0.5 mg at night did not do anything. On examination, tremor of the lower extremities was noted with the right side worse than the left. Motor strength of the lower extremities was decreased, bilaterally. The treating provider increased Klonopin to 1 mg twice a day. She returned on May 21, 2014 and noted continued visible tremor to the right lower extremity; however, she reported that increased use of Klonopin was helpful in relaxing her right hip muscles and she was not shaking as much. No adverse side effects and aberrant behavior were noted with medication use. Subsequently, on June 18, 2014, the injured worker continued to struggle with the tremor in her right lower extremity and that Klonopin was somewhat helpful. On examination, the injured worker had resting tremor in her right lower extremity and tenderness was present over the lumbar paraspinal muscles and right sciatic notch with a positive right leg lift. Klonopin was slowly being tapered

up. On July 16, 2014, the injured worker complained of persistent low back pain with radiating symptoms to her right buttock as well as constant spasms and resting tremor to her right lower extremity. On examination, range of motion of the lumbar spine was restricted and tenderness was present over the mid central low back and mid thoracic spine. Klonopin was increased to 1 mg thrice a day. The injured worker was reevaluated on August 13, 2014 with complaint of persistent low back pain with tremor of the right lower extremity. She reported that denial of Klonopin had made her tremors and hip tightness significantly worse resulting to her significantly decreased mobility. Objective findings revealed increased spasms and tremor on the right lower extremity both with resting and motion.

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 CA MTUS Chronic Pain Medical Treatment Guidelines (May 2009); Benz.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Pain, Benzodiazepines

Decision rationale: Klonopin, which is a trademarked version of clonazepam in the benzodiazepine family, can cause central nervous system adverse events with high potential for abuse. Although benzodiazepines may be considered in injured workers with significant tremor, clonazepam is however not the primary drug of choice, especially for long term therapy. The Official Disability Guidelines (ODG) specified that benzodiazepine is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Therefore, the request is considered not medically necessary.