MAXIMUS Federal Services

Case Number:	CM14-0097405		
Date Assigned:	09/16/2014	Date of Injury:	01/07/2003
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 35-year-old female with a 1/7/03 date of injury. The mechanism of injury involved hyperextending her back while assisting a 300-pound man who had just fallen. The patient was most recently seen on 5/27/14 where the patient reported a 6-7/10 low back pain (with medications) with radiation to both lower extremities. Without medications, the pain was 10/10. Exam findings revealed an abnormal gait, tenderness in the lumbosacral and left gluteal area, and a limited range of motion of the L-spine. The straight leg raise was positive on the left. Deep tendon reflexes were normal in the upper and lower extremities, with the exception of the left Achille's reflex. There was sensory deficit along the left lateral leg, foot, and heel. It was noted that an MRI of the L-spine dated 2/22/13 showed a right paracentral disc extrusion at the L4-5 level with impingement of the right L5 nerve root, and a right paracentral disc protrusion and mild face degenerative changes at the L5-S1 level. The patient's diagnoses included post-laminectomy syndrome, low back pain with chronic radiculopathy status post failed spinal cord stimulator, complex regional pain syndrome (CRPS)-like syndrome with hypersensitivity of nerves in lower extremities, medication dependency with history of red flags, and depression. The patient's medications included Kadian 50mg BID, Oxycodone 20mg TID, Neurontin, Zanaflex, Klonopin 1mg, 1-2 PO HS PRN for severe spasms, Motrin, and Zantac. The documents indicated that the patient had been on Klonopin since at least 2012. It was also noted that the patient did not exhibit any addictive behaviors or present early for prescription refills. The documents noted that the patient had drug screening results as expected, with the most recent toxicity screen noted to have been done in 2011. Treatment to date: lumbar discectomy and laminectomy at L5-S1 (7/2003), spinal cord stimulator (10/2004), medications, injections, physical therapy, acupuncture, massage, aquatic, brace, chiropractic care, TENS unit, supportive shoes, and Asclepius Pain Management Functional Restoration Program. An adverse

determination was received on 6/13/14. The Klonopin 1mg, #30, with 1 refill was modified to Klonopin 1mg, #10, between 5/27/14 and 8/9/14 due to the guidelines stating that benzodiazepines are not recommended for use longer than four weeks. The patient had been taking Klonopin since 2012. Furthermore, a previous UR certified 18 Klonopin tablets on 3/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1 mg#30 with 1 refill: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. The documents indicated that the patient had been on Klonopin since at least 2012. The progress reports stated that the Klonopin was prescribed as 1mg, 1-2 PO HS PRN for severe spasms, but the number of tablets used by the patient was not documented. It was also noted that the patient had no history of addictive behavior, but the patient was diagnosed with medication dependency with history of red flags. This patient had been on Klonopin for over the recommended guidelines of 4 weeks, therefore, the request for Klonopin 1mg, #30, with 1 refill is not medically necessary.