

Case Number:	CM13-0066724		
Date Assigned:	01/03/2014	Date of Injury:	01/13/2011
Decision Date:	05/01/2015	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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
 Certification(s)/Specialty: Internal Medicine

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 61 year old female, who sustained an industrial injury on 01/13/2011. She has reported subsequent back, right hip, knee and ankle pain and was diagnosed with back, right hip, right knee and right ankle sprain. The injured worker was also diagnosed with depression. Treatment to date has included oral and topical pain medication, lumbar epidural steroid injection, physical therapy and surgery. In a progress note dated 11/14/2013, the injured worker complained of low back, right hip and knee pain. Objective findings were notable for an antalgic gait, tenderness of the lumbar paravertebral muscles, positive straight leg raise and pain and tenderness of the right knee. The physician noted that a refill of Klonopin was being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

KLONOPIN 0.25MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Benzodiazepines, Clonazepam (Klonopin).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines 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. ODG guidelines state that Clonazepam (Klonopin) is not recommended. ODG guidelines state that benzodiazepines are 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. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. Medical records document the long-term use of Klonopin (Clonazepam). Per MTUS, long-term use of Klonopin (Clonazepam) is not recommended. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. MTUS and ODG guidelines do not support the use of Klonopin (Clonazepam). Therefore, the request for Klonopin is not medically necessary.