

Case Number:	CM14-0175902		
Date Assigned:	11/18/2014	Date of Injury:	04/10/2002
Decision Date:	11/20/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/23/2014

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. 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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of April 10, 2002. In a Utilization Review report dated October 17, 2014, the claims administrator failed to approve a request for Klonopin. The claims administrator did not seemingly incorporate any guidelines into its rationale. The claims administrator referenced an October 9, 2014 RFA form and an associated progress note dated October 3, 2014 in its determination. The claims administrator stated that its decision was based on compensability grounds, writing that anxiety is not specifically noted to be compensable on this claim. On an RFA form dated October 9, 2014, Androgel, Norco, Klonopin, and MS Contin were all endorsed. On an associated progress note dated October 3, 2014, the applicant reported 7/10 pain complaints. The applicant had received epidural steroid injection therapy, it was reported. The applicant was using Klonopin at a rate of two tablets daily, it was suggested. It was suggested in various sections of the note that the applicant was using Klonopin for sedative and/or anxiolytic effect. The claims administrator's transmission of the IMR packet did, however, seemingly mingle the October 3, 2014 office visit at issue with a subsequent note dated October 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg, #60 2x a day for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back, Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back,Table%20Summary%20of%20Recommendations,Low%20Back%20Disorders).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for Klonopin, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. The attending provider's progress notes of October 3, 2014 and October 28, 2014 suggested that the applicant was using Klonopin on a twice daily basis, for anxiolytic and/or sedative effect. 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, here, however, the 60-tablet, twice-daily role for which Klonopin was espoused represented usage well in excess of the short-term role for which Klonopin is endorsed, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.