

<b>Case Number:</b>	CM14-0210280		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/15/2002
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal 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 injured worker (IW) is a 51-year-old woman with a date of injury of October 15, 2002. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbago, low back pain; post laminectomy syndrome, lumbar. Prior treatments have included medications, surgery, and injections. Pursuant to the most recent progress report dated October 6, 2014, the IW was experiencing insomnia, anxiety and depression. The IW presented the emergency room on September 12, 2014 for pain and was feeling stressed. Her pain was rated 4/10. Medications included Fexmid, Norco, Prilosec, and Lisinopril. Objective physical examination finding reveals the IW was in distress secondary to pain and being anxious. Examination of the cervical spine revealed tenderness and decreased range of motion, tenderness of the lumbar spine and facet joints. A review of the November 2014 and December 2014 progress notes did not contain Klonopin prescriptions. There was there was no discussion within the body of the progress notes as to clinical indication or rationale for Klonopin. The documentation indicates the IW had a urine drug screen performed on May 30, 2014, March 27, 2014 and June 19, 2014. All urine drug tests were consistent with the medications being taken. The current request is for one qualitative drug screen and assay of urine creatinine, and Klonopin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Klonopin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)- Benzodiazepines

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Klonopin is not medically necessary. Benzodiazepines are not recommended for long-term (longer than two weeks), because long-term efficacy is unproven and it was a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepine use is the treatment of choice in very few conditions. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are lumbago, low back pain; post laminectomy syndrome, lumbar. A review of the November 2014 and December 2014 progress notes did not contain Klonopin prescriptions. There was no discussion within the body of the progress notes as to clinical indication or rationale for Klonopin. Consequently, based on the documentation in the medical record and the peer-reviewed evidence-based guidelines, one prescription Klonopin is not medically necessary.

**One qualitative drug screen and assay of urine creatinine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Criteria for Use of Urine Drug Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Urine Drug Screen

**Decision rationale:** Pursuant to the Official Disability Guidelines, one qualitative drug screen and assay of urine creatinine is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is based on whether the injured worker's last patient is a low risk, high risk or intermediate risk patients. Patients at low risk should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the documentation indicates the injured worker had a urine drug screen performed on May 30, 2014, March 27, 2014 and June 19, 2014. All urine drug tests were consistent with the medications being taken. There is no documentation in the medical record indicating the injured worker is an intermediate or high risk for drug misuse or abuse. There is no documentation indicating the injured worker has manifested any aberrant drug-related behavior. Based on documentation in the medical record and the peer-reviewed evidence-based guidelines, one qualitative drug screen and assay of urine creatinine is not medically necessary.

