

<b>Case Number:</b>	CM14-0212646		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	07/23/1999
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: California, Indiana, New York  
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 (IW) is a 48-year-old woman with a date of injury of July 23, 1999. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are displacement intervertebral disc lumbar spine; pain disorder with psychological and medical factors; depression; degeneration of lumbar disc; post laminectomy syndrome lumbar; and fibromyalgia. Pursuant to the progress note dated December 29, 2014, the IW presents for follow-up. She notes benefit from medications. There are no subjective complaints documented. The IW denies any other changes in the character, frequency, duration, severity or locations of her pain. There are no pain scales documented. The location of pain is not documented. Objectively, gait is non-antalgic. There are no assistive devices used for ambulation. The neurological exam is unchanged. The IW has a normal affect. There are no other physical exam findings documented. Current medications include Klonopin 2mg, Zanaflex 4mg, OxyContin 60mg, Neurontin 300mg, Prozac 40mg, Lunesta 1mg, and Lidoderm 5% patch. The IW has been taking Klonopin since June 9, 2014 according to a progress note with the same date. There is no evidence of objective improvement associated with the ongoing use of Klonopin. The current request is for Klonopin 2mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, Klonopin 2 mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit used to four weeks. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are displacement intervertebral disc lumbar spine; pain disorder with psychological and medical factors; depression; degeneration of lumbar disc; post laminectomy syndrome lumbar; and fibromyalgia. Documentation indicates the injured worker has been taking Klonopin as far back as June 9, 2014. This was a refill. The exact start date is not documented in the medical record. Additionally, the medical record does not contain evidence of objective functional improvement associated with a protracted course of Klonopin. Klonopin is not recommended for long-term use (longer than two weeks) and there is no compelling clinical evidence support ongoing use. Consequently, absent clinical support for ongoing Klonopin use and evidence of objective functional improvement in excess of the recommended guidelines, Klonopin 2 mg #30 is not medically necessary.