

Case Number:	CM14-0074968		
Date Assigned:	07/16/2014	Date of Injury:	07/09/2007
Decision Date:	06/04/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 48 year old male, who sustained an industrial injury on July 9, 2007. The injured worker has been treated for neck, back and left hand complaints. The diagnoses have included chronic low back pain, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar spine, lumbar spondylosis without myelopathy, chronic left knee pain, left carpal tunnel syndrome and psychological issues related to the industrial injury. Treatment to date has included medications, radiological studies, physical therapy, weight loss program, electrodiagnostic studies, psychiatric evaluations, chiropractic care, home exercise program, left wrist surgery, left thumb surgery and cervical spine surgery. Current documentation dated April 9, 2014 notes that the injured worker reported continued low back pain radiating to the left lower extremity and neck pain with radiation to the bilateral shoulders. Examination of the lumbar spine revealed tenderness with a normal gait and stance. The injured worker was noted to not be able to walk on his toes. The treating physician's plan of care included a request for the medication Klonopin 1 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anxiety Medications. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Stress, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): (s) 24, 124.

Decision rationale: MTUS states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Klonopin on an ongoing basis with no documented plan of taper. The continued use of Klonopin is not medically necessary as the MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Klonopin 1mg #60 is excessive and not medically necessary. It is to be noted that the UR physician authorized #48 of Klonopin 1 mg for a safe taper.