

Case Number:	CM15-0102637		
Date Assigned:	06/05/2015	Date of Injury:	05/18/2005
Decision Date:	07/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York, West Virginia,
Pennsylvania Certification(s)/Specialty: Emergency 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:

This 55 year old woman sustained an industrial injury on 5/18/2005. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays dated 10/8/2014, lumbar spine CT scan dated 7/11/2006, and electromyogram of the bilateral lower extremities dated 2/11/2015. Diagnoses include low back pain with radiculopathy. Treatment has included oral and topical medications, surgical intervention with post-operative physical therapy, epidural steroid injections, and chiropractic therapy. Physician notes dated 3/27/2015 show complaints of low back pain rated 8/10 with radiation of numbness and tingling to the left lower extremity that is described as unchanged. Recommendations include Tylenol #3, LidoPro, Klonopin, chiropractic therapy, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin (unspecified dosage/qty, unclear drug name): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Benzodiazepines Page(s): 24.

Decision rationale: Guidelines state that benzodiazepines are not recommended for long-term use and use is limited to 2-3 weeks. Benzodiazepines are not recommended for use with chronic opioids. In this case, the patient has been taking klonopin for longer than 4 weeks which is not in compliance with guidelines. The request for klonopin is not medically necessary or appropriate.