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| Case Number: | CM15-0011447 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 01/14/2014 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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: Illinois
 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 a 42-year-old male who reported an injury on 01/14/2014 due to an unspecified mechanism of injury. On 12/02/2014, he presented for a followup evaluation regarding his work related injury. He reported that he needed a refill of his medications and stated that he thought clonazepam had been helpful. A physical examination showed slow segmental motion dysfunction in the upper extremities and a lot more irritation of the cervical spine with side bending and extension to the right. There was pain radiating into the trapezius and right upper shoulder laterally on the right upper extremity. He had global restricted motion and his thoracolumbar area spine was evaluated and showed muscle guarding and some spasm. He had restricted movement in the lumbar spine as well and a positive straight leg raise on the right. He also had decreased motion in forward flexion of the lumbar spine to about 30 degrees and extension was to about 5 degrees due to pain. He was diagnosed with status post injury to the rib, right hip contusion, lumbar sprain and strain, thoracic back strain, cervical strain and sprain, and possible carpal tunnel syndrome on the right compared to the left. The treatment plan was for Klonopin 0.5 mg 1 by mouth daily 2 tabs at bedtime as needed #90 with 2 refills. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg 1 po QD & 2 tabs q HS PRN #90 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that benzodiazepines are not recommended for long term use. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding multiple body areas. However, further clarification is needed regarding how long the injured worker has been using this medication, as this medication is not recommended for short term use and without this information, the request would not be supported. Also, 2 refills of this medication would not be supported without a re-evaluation of the injured worker to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.