

Case Number:	CM15-0013184		
Date Assigned:	01/30/2015	Date of Injury:	10/10/1985
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/22/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old male who reported an injury on 10/10/1995. The mechanism of injury was not provided. On 12/18/2014, the injured worker was seen for low back pain. He rated his pain a 7/10. Medication list included OxyContin, Norco, Klonopin, Lidoderm patch, Nexium, Flexeril, Lunesta, lisinopril (Xalatan), Advair Diskus, and Boniva. The injured worker was able to function with the above medications. He still had problems with sleeping, but the combination of an unspecified medication and Lunesta were best for him. He understands they should not be used nightly. With the medications, the injured worker can get out of bed, do yard work, run errands and be able to do chores. Previous treatment included physical therapy. Surgeries included 5 sinus surgeries; orthopedic surgery on finger in 04/2009; GI sphincteroplasty. Upon examination, there was some numbness in L5-S1 area of the right leg and top of right arm. There was pain and tightness to the neck and back at C4. There was pain at the mid back costovertebral junction. SI increased with AP and lateral compression, positive for spasms. His diagnoses include low back pain, chronic degeneration of lumbar intervertebral disc, degeneration of cervical intervertebral disc, nocturnal muscle spasms, and specific sleep disturbance. The treatment plan is for stretching and relaxation exercises, alternatives for medication medicine, TNS, ice/heat, and rest. There is no evidence of diverse aberrant behaviors. The Request for Authorization is dated 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg quantity 45 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: The request for Klonopin 0.5 mg quantity 45 with 2 refills is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and psychosocial dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. There is lack of documentation of frequency provided within the request. Therefore, continued use would not be supported. As such, the request is not medically necessary.