

<b>Case Number:</b>	CM15-0113274		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	09/25/2000
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 38-year-old female, with a reported date of injury of 09/25/2000. The diagnoses include status post fracture of the right fibula and right ankle with moderate right peroneal neuropathy, status post lumbar spine surgery at the L5-S1 level with right lower extremity radiculopathy, status post spinal cord stimulator, and chronic myofascial pain syndrome of the thoracolumbar spine. Treatments to date have included oral medications. The pain management progress report dated 03/25/2015 indicates that the injured worker had been experiencing constant pain in her right ankle and foot. The pain was rated 6-8 out of 10. There was also frequent pain in her left foot that was rated 6-7 out of 10 without medications. The injured worker reported having constant upper and lower back pain, and minimal depression at the present time though she noted that without medications she had moderate difficulty sleeping. The objective findings include slightly restricted range of motion of the thoracic and lumbar spine in all planes; multiple myofascial trigger points and tight bands throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles; and mildly-to-moderately decreased range of motion of the right ankle in all directions. The treatment plan included the continuation of Klonopin as needed. The injured worker had been released to return to work with restrictions. The treating physician requested Klonopin 1mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1 MG #30:** 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 based on Non-MTUS Citation Official Disability Guidelines Mental and Stress, Benzodiazepines.

**Decision rationale:** MTUS Guidelines are very specific regarding Benzodiazepines. Long term (greater than 4 weeks) is not recommended for chronic pain or for any condition related to chronic pain (muscle spasm, stress, insomnia etc.) ODG Guidelines are consistent with this recommendation and quote more recent evidence that long-term use of this class of drugs is associated with a significant risk of the development of Dementia(s). There are no unusual circumstances to justify an exception to Guidelines. The Klonopin 1mg #30 is not supported by Guidelines and is not medically necessary.