

Case Number:	CM15-0070387		
Date Assigned:	04/20/2015	Date of Injury:	04/28/2010
Decision Date:	05/27/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 41 year old female who sustained an industrial injury on April 28, 2010. She has reported injury to the back, right shoulder, and right hand and wrist and has been diagnosed with bilateral knee internal derangement, bilateral knee degenerative menisci, bilateral knee patellofemoral pain, cervical discogenic disease, chronic cervical spine sprain/strain, right shoulder impingement with tendinitis, lumbar discogenic disease, lumbar facet disease, chronic low back pain, right carpal tunnel syndrome, and mild left shoulder impingement. Treatment has included medical imaging, injection, and medication. Currently the injured worker had continued patellofemoral crepitation and pain to the bilateral knees. There was a positive Tinel and Phalen test to the right hand and wrist. There was tenderness of the cervical spine with decreased range of motion to the lumbar spine. Right and left shoulder showed a positive impingement signs. The treatment request included Motrin, Prilosec, Ultram, and Klonopin.

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 9792.24.2 Chronic Pain Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BZDs
Page(s): 21.

Decision rationale: Regarding the request for Klonopin (clonazepam), Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is documentation that there has been attempt to use this benzodiazepine on a longer term basis because there were previous utilization review denials of the Klonopin from Deember 2014 and January 2015. This is not appropriate per the CPMTG. Given this, the currently requested Klonopin (clonazepam) is not medically necessary.