

Case Number:	CM15-0073082		
Date Assigned:	04/23/2015	Date of Injury:	04/21/2006
Decision Date:	05/22/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 58-year-old male who sustained an industrial injury to his lower back on 04/21/2006. The injured worker was diagnosed with left post laminectomy syndrome, facet arthropathy, lumbar degenerative disc disease, lumbar stenosis and major depression. Treatment to date includes diagnostic testing, surgery, transforaminal epidural steroid injection (ESI) at L3-L4 in May 2014, cane and lumbar corset, psychiatric and psychology follow-ups and medications. The injured worker is status post micro lumbar discectomy, L4-S1 anterior and posterior fusion (no date documented) and a lumbar spinal cord stimulator (SCS) implant (June 2012). According to the primary treating physician's progress report on February 24, 2015, the injured worker continues to experience lower back pain radiating to the left leg and foot. The injured worker rates his pain at 5-7/10. Examination of the lumbar spine demonstrated tenderness to palpation bilaterally at the paraspinal muscles with decreased flexion and extension. There was decreased sensation in the left lower extremity noted. Current medications are listed as Ultracet, Lyrica, Lidoderm, Senna-s, Butrans, Cymbalta, Elavil and Clonazepam. Treatment plan consists of continue with medications and home exercise program, reprogramming of the spinal cord stimulator (SCS), physical therapy as authorized (4 sessions) and the current request for Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mgm #30 x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine 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 (ODG) Pain, Anxiety medications in chronic pain, Benzodiazepines.

Decision rationale: Klonopin is the brand name version of clonazepam. MTUS and ODG states that benzodiazepine (ie clonazepam) is 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG further states that clonazepam is not recommended. The guidelines do not recommend long-term use of benzodiazepines and state that use is limited to four weeks. The submitted medical records indicate that the patient has been using Klonopin for greater than four weeks, exceeding the recommended treatment timeframe. Additionally, there is a lack of any significant documented efficacy with this medication. The treating physician does not outline any special circumstances or extenuating reasons to continue this medication in excess of guidelines. As such, the request for Klonopin 1mgm #30 x 6 months is not medically necessary.