

<b>Case Number:</b>	CM15-0077408		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/21/1991
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Emergency 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 57 year old male who sustained an industrial injury on 3/21/1991. His diagnoses, and/or impressions, included: lumbosacral spondylosis and discogenic derangement; displacement of lumbar intervertebral disc without myelopathy; degeneration of thoracic or thoracolumbar intervertebral disc; headaches; pain related sleep disorder; post-traumatic stress disorder; mood adjustment disorder; and pain related erectile dysfunction. No current magnetic resonance imaging studies are noted. His most recent treatments are noted to include long-term medication management, effective on his current regimen, and urine toxicology screenings. Progress notes of 3/26/2015 report that he is still hurting and that his sleep remained poor, as he had frequent wakeful periods; and that his medications were effective. The physician's requests for treatments were noted to include Klonopin to help with mood and sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg #60 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** The requested Klonopin 1mg #60 with no refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker is still hurting and that his sleep remained poor, as he had frequent wakeful periods; and that his medications were effective. The physician's requests for treatments were noted to include Klonopin to help with mood and sleep. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Klonopin 1mg #60 with no refills is not medically necessary.