

Case Number:	CM15-0077764		
Date Assigned:	04/29/2015	Date of Injury:	01/24/2001
Decision Date:	06/02/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 67 year old male who sustained an industrial injury on 1/24/01. The injured worker reported symptoms in the back. The injured worker was diagnosed as having post-laminectomy syndrome, multilevel lumbar discogenic pain, bilateral hip pain and left knee pain. Treatments to date have included status post spinal cord stimulator placement (2012), oral pain medication and muscle relaxant. Currently, the injured worker complains of low back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg in the evening, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 15, 18, 24, 66, 80, 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Klonopin (clonazepam) is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term

benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed documentation indicated the worker had been taking this medication for at least several months at the time of the request. There was no discussion describing special circumstances that sufficiently supported long-term use. In the absence of such evidence, the current request for thirty tablets of Klonopin (clonazepam) 1mg to be taken in the evening is not medically necessary. Because the risks significantly outweigh the benefits of continued use based on the reviewed documentation, the worker should be able to complete an appropriate wean with the medication already available.