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| <b>Case Number:</b>   | CM15-0090334 |                              |            |
| <b>Date Assigned:</b> | 05/15/2015   | <b>Date of Injury:</b>       | 01/11/2002 |
| <b>Decision Date:</b> | 06/23/2015   | <b>UR Denial Date:</b>       | 04/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/11/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 1/11/2002. Diagnoses have not been provided. Treatment to date has included surgical intervention L4-S1 fusion (10/2014), physical therapy and medications including opioid medication and anxiolytics. Per the Primary Treating Physician's Progress Report dated 4/08/2015, the injured worker reported doing extremely well status post fusion L4-S1 with pain level down to 2/10. X-rays showed a solid fusion present and no motion seen on flexion or extension. The plan of care included medications and authorization was requested for Klonopin and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Clonazepam, Benzodiazepines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Benzodiazepine.

**Decision rationale:** The patient was injured on 01/11/2002 and presents with pain in the right anterior thigh and is status post anterior/posterior spinal fusion, L4-S1 (10/20/14). The request is for KLONOPIN (QUANTITY NOT PROVIDED). There is no RFA provided, and the patient is temporarily disabled. There is no indication of when the patient began taking this medication. The 04/08/2015 report states, "Medication refill with Klonopin." ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, the patient presents with pain in the right anterior thigh and rates her pain as a 2/10. She underwent an anterior/posterior spinal fusion on 10/20/14. As of 04/08/2015, the patient is taking Norco and Klonopin. In this case, there is no discussion regarding the patient having any insomnia or significant sleep issues, as indicated by ODG guidelines. It is unclear when the patient began taking this medication and the quantity of the medication dispensed is not documented. Both MTUS and ODG guidelines do not support the long-term use of benzodiazepine. It is unclear if this patient is taking this medication on a long-term basis. Therefore, the requested Klonopin IS NOT medically necessary.