

<b>Case Number:</b>	CM15-0099720		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/25/2015

### 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: Family Practice

### 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 42 year old male patient who sustained an industrial injury on 01/11/2008. A primary treating office visit dated 10/29/2014 reported the patient with subjective complaint of continues with seizure like activity; most recent episode a few days ago and approximately three per month. He states he is still having hot flashes and "it's frustrating" dealing with workers compensation issues. He reports being stressed over finances, family and feels hopeless. He reports his sleep pattern as fragmented totaling 3 hours nightly. Current medications consist of: Topamax and Klonopin with not that Lomictal prescribed but denied. He does admit to smoking one joint of marijuana weekly. The plan of care noted the patient referred to another psychiatrist for follow up. Previous treatment to include: off from work, modified duty, oral analgesia, and acupuncture treatment. He receives prescription for Topamax and Keppra from neurologist. Treating diagnoses are thoracic pain; lumbar pain; radiofrequency ablation, and normal electrodiagnsotic testing results. He has trialed Baclofen and Relafen without any benefit. He will trial BuTrans 15 mcg, has been strongly encouraged to become active and increase function. By 01/21/2015 the patient had subjective complaint of ongoing thoracic spine pain. He stated receiving authorization last week to undergo chiropractic treatment. Current medications are Topamax, Clonazepam, Klor-Con. There is no change in the treating diagnoses. The plan of care involved: writing prescriptions for the neurology medications. The patient will remain permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin .5 MG #30:** 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:** Klonopin is a benzodiazepine. 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. Long-term use may actually increase anxiety. The indication for the continued use of Klonopin or any benefit he is receiving from it is not clear from the documentation. Therefore the request is not medically necessary.