

## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/26/2013  
Date of Injury: 12/23/2008  
IMR Application Received: 8/8/2013  
MAXIMUS Case Number: CM13-0009138

Dear Mr./Ms. [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58-year-old female who reported a work related injury on 12/23/2008, the specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, other chronic postoperative pain, chronic pain due to trauma, pain in joint (hand), pain in joint (lower leg), pain in joint (shoulder region). The clinical note dated 08/07/2013 reports the patient was seen under the care of Dr. [REDACTED]. The provider documents the patient continues to present with complaints of pain to the right knee, low back and right shoulder. The patient utilizes the following medications for her pain complaints, Lidoderm transdermal patch, Savella 100 mg 1 tab by mouth twice a day, Norco 10/325 mg 1 tab by mouth every 8 hours, Klonopin 1 mg 1 tab by mouth at bedtime, Seroquel 25 mg 1 to 2 tabs by mouth at bedtime, Duragesic 50 mcg 1 transdermal patch every 48 hours, and Exalgo ER 60 mg 1 cap every night.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Klonopin 1mg tablet QHS PRN #30 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pg. 24, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 24, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination as California MTUS Guidelines indicate, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The clinical notes did not evidence how long the patient has been utilizing this medication, nor the clear efficacy of this intervention.

It is unclear if this patient utilizes this medication for anxiety and depression or chronic pain, such as a muscle relaxant. **The request for Klonopin 1mg tablet QHS PRN #30 is not medically necessary and appropriate.**

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0009138