

Case Number:	CM14-0153948		
Date Assigned:	09/23/2014	Date of Injury:	08/06/2013
Decision Date:	11/04/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 who reported an injury on 08/06/2013, due to a motor vehicle accident. The injured worker has diagnoses of multiple contusions and strains, chronic pain involving multiple body parts, post-concussion syndrome, impaired vision in the right eye and post-traumatic stress disorder. Past medical treatment consists of physical therapy, epidural steroid injections, facet injections, SI joint injections, psychiatric evaluations, ophthalmologist's visits and medication therapy. Medications include Xanax, Abilify, Cymbalta and Intermezzo, Norco and Klonopin. The injured worker has undergone x-rays, MRI and CT scan since injury. On 08/27/2014, the injured worker complained of pain in multiple body parts and stress. Physical examination noted that the neck movements were slightly limited by pain. Trunk movements were moderately limited by back pain. Extremities were without cyanosis, clubbing or edema. The injured worker was able to move all extremities easily. Left upper and lower extremities seemed weak when compared to the right. It was also noted that the injured worker did not express any desire to harm himself or others. The medical treatment plan was for the injured worker continues the use of Klonopin 0.5 mg. The provider feels that the injured worker has benefitted from the continued use of medication. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin .5mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for Klonopin 0.05 mg is not medically necessary. The California MTUS do not recommend the use of benzodiazepines for long term use, because long term efficacy is unproven and there is risk for dependence. Most guidelines limit the use to 4 weeks. The documentation submitted for review indicates that the injured worker had been taking Klonopin since at least 08/2014, exceeding the recommended guidelines for short term use. Furthermore, there was lack of efficacy of the medication documented to support continued use. Additionally, the frequency and duration of the medication were not submitted in the request. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.