

Case Number:	CM13-0031551		
Date Assigned:	12/04/2013	Date of Injury:	01/28/2001
Decision Date:	01/23/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 and Pain Medicine, and is licensed to practice in Florida. 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. 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 patient is a 48-year-old female who reported a work-related injury on 1/28/02. According to the progress note dated 9/5/13, the patient complained of low back pain that radiates to the right lower extremity, and neck pain that radiates to the right upper extremity. The patient describes her pain as an average of 3/10 with medications, and 8/10 without medications. The patient has been diagnosed with lumbar radiculitis, lumbar disc degeneration, lumbar failed surgery syndrome, status post lumbar fusion, anxiety, status post spinal cord stimulator implant, chronic pain, seizure disorder, and annular tear. The patient has been utilizing oral medications as a part of her treatment plan to reduce her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of

dependence. Most guidelines limit the use to four weeks. As noted in the documentation, the patient has been utilizing Clonazepam since at least April 2013. This is well beyond the recommended length of time for use of this medication. As noted under California MTUS guidelines, it states that tolerance to anxiolytic effects occur within months, and long-term use may actually increase anxiety. It further states that tolerance to anticonvulsant and muscle relaxant effect occurs within weeks. Therefore, in regards to California MTUS Guidelines not recommending this medication for long term use, and the lack of documentation stating the patient has had a significant change in her pathology to warrant extended use of this medication in general, the request for Clonazepam cannot be fulfilled at this time.