

Case Number:	CM13-0049364		
Date Assigned:	12/27/2013	Date of Injury:	07/23/2004
Decision Date:	04/30/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/07/2013

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 Internal Medicine, Pulmonary Diseases 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 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 patient is a 54 year-old male with a reported date of injury on 07/23/2004; the mechanism of injury was not provided within the medical records. The patient reported some increased anxiety after being weaned off of valium 10 mg. The clinical note dated 09/13/2013 indicated the patient was doing well with his medication regimen with the exception of some increased anxiety which sometimes increased his pain threshold. The patient had diagnoses including back pain likely due to chronic degenerative joint and disc disease and radicular pain. The provider requested clonazepam 0.5mg as needed on 09/23/2013 for anxiety, spasms, and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 0.5MG #60: 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: The 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. Most guidelines limit use to 4 weeks. Their range of action includes

sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation provided fails to indicate why the patient would need clonazepam 0.5mg for some increased anxiety. It also fails to indicate the frequency the medication is being prescribed for. The guidelines recommend short term use, limited to 4 weeks and it is unclear how long the patient has been on the clonazepam. The guidelines also recommend an antidepressant is a more appropriate treatment for anxiety, it is indicated the patient had been on Effexor 100mg twice a day and it was decreased to once a day and that is when he started having the increased anxiety. Therefore, the request for clonazepam 0.5mg #60 is non-certified.