

Case Number:	CM13-0049788		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2000
Decision Date:	06/03/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology, and is licensed to practice in California and Nevada. 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 52 year old female who was injured on 1/27/00; the mechanism of injury was not provided for review. The patient was diagnosed with failed back surgery syndrome and ongoing cervical radiculopathy. She underwent spinal cord stimulator placement in 2004; however, it was removed due to MRSA wound infection. The medical records submitted for review indicated that the patient had significant psychiatric conditions requiring ongoing treatment with a psychiatrist. The patient was hospitalized on multiple occasions for alcohol/medication habituation and suicide attempts. Clinical documentation indicated that the patient had ongoing complaints of back pain, which contributed to the severe depression and psychiatric complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 0.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment 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 use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. Chronic benzodiazepine use is the treatment of choice in very few conditions. Tolerance to the hypnotic effects develops rapidly. Tolerance to the anxiolytic effects occurs within months, and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The patient has exceeded the four week treatment window recommended by the MTUS. As such, the request is not medically necessary.