

Case Number:	CM13-0057570		
Date Assigned:	12/30/2013	Date of Injury:	11/04/1998
Decision Date:	04/10/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & 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 patient is a 55-year-old female who reported injury on 11/04/1998. The mechanism of injury was not provided. The recent documentation of 10/15/2013 revealed the patient was in the office and asking if there was something the physician could give her for severe anxiety, panic episodes, and insomnia that was due to narcotic withdrawal. The patient was noted to be stopping Methadone. The patient's diagnoses were noted to include history of cervical strain/sprain with rather severe underlying spondylosis with ongoing myofascial pain disorder, history of lumbar sprain/strain with underlying lumbar degenerative disc disease with overwhelming myofascial pain disorder with right gluteal and leg symptoms, history of depression and anxiety disorder with industrial onset, history of anxiety and sweating symptoms, possibly related to sympathetic mediated symptoms from narcotic use, improved with clonidine and poorly controlled hypertension, nonindustrial. The request was made for clonazepam 1 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 1MG: Upheld

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

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

Decision rationale: California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review indicated the physician was giving the medication to the patient as she was noted to be having severe anxiety, panic episodes, and insomnia due to narcotic withdrawal. The patient was stopping methadone. However, the request as submitted failed to indicate the quantity of medications being requested. As the medication is not supported for long-term use, and there was a lack of documentation indicating the quantity of medication being requested, the request for clonazepam 1 mg is not medically necessary.