

Case Number:	CM14-0013403		
Date Assigned:	02/26/2014	Date of Injury:	06/02/2005
Decision Date:	06/26/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family Medicine, 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:

A review of the medical records is notable for the following information from his Primary Treating Physician's Progress Report (8/7/2013) indicates that the patient has chronic low back pain, chronic leg pain, and insomnia. A physical examination was completed and was remarkable for an antalgic gait and 2+ deep tendon reflexes. There were no other components of a musculoskeletal examination documented. The diagnoses included the following: Spondylolisthesis, Chronic Back Pain, Depression, Insomnia, and Failed Back Surgery. The treatment plan included the following medications: Lyrica, Methadone, Opana ER, Norco, Cymbalta, and Clonazepam. The patient was also seen by a psychiatrist. The last note was on 8/22/2013. The note indicates that the patient has the following diagnoses: Major Depression Disorder, General Anxiety Disorder, and Sleep Disorder. Treatment recommendations included: Abilify, Wellbutrin, Clonazepam, Neurontin, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 1MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines provide criteria for the long-term use of benzodiazepines. Benzodiazepines such as Clonazepam 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. Chronic benzodiazepines are the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. 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." Based on these guidelines and in review of this patient's medical record there is no medical justification for the chronic use of Clonazepam. It is not considered medically necessary.