

Case Number:	CM14-0013950		
Date Assigned:	02/26/2014	Date of Injury:	05/26/2005
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
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 Anesthesiology and is licensed to practice in Tennessee. 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 42-year-old female who has submitted a claim for major depressive disorder, single episode, moderate; and pain disorder with psychological factors and a medical condition associated with an industrial injury date of May 16, 2005. Medical records from 2013-2014 were reviewed. The patient complained of chronic low back pain, grade 6/10 in severity. It was aggravated by lifting, bending, and twisting. The patient was crying during psychotherapy sessions due to the severity of her chronic pain. She had fleeting suicidal ideations, remains easily agitated, and was frustrated which leads to arguments with her family. A recent physical examination showed that the patient is pleasant, cooperative, and in no distress. She has mild to moderate pain behaviors. There was tenderness on L4-L5 and bilateral sacroiliac joints. There was stiffness noted and reduced range of motion. Facet joint/ neuroforaminal loading was positive bilaterally. There was reduced sensation to pinprick and light touch on L4 at the ankles. An MRI of the lumbar spine dated August 18, 2008, revealed left L5-S1 paracentral disc protrusion with moderate lateral recess and foraminal stenosis, and small left 4-L5 disc protrusion with mild foraminal stenosis. An official report of the imaging study was not available. Treatment to date has included medications, home exercise program, psychotherapy, and activity modification. A utilization review dated January 23, 2014 modified the request for clonazepam 0.5mg BID to Clonazepam 0.25mg every other week to facilitate a tapering process since the medication is not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 0.5 MG BID: Upheld

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

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

Decision rationale: According to page 24 of the MTUS Chronic Pain 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 its use to 4 weeks. In this case, clonazepam was prescribed on January 13, 2014 to help with anxiety and agitation episodes. It was not known if the patient took the prescribed medication. In addition, most recent progress report dated January 27, 2014 did not prescribe Clonazepam. The medical necessity has not been established. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request is not medically necessary and appropriate.