

<b>Case Number:</b>	CM14-0019300		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	07/11/2007
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Arizona. 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:

Patient is a 46 year old male with a date of injury on 7/11/2007. Subjective complaints are of ongoing low back pain with radiation to the left leg, gastrointestinal distress, left sided chest pain, anxiety and panic symptoms. Pain is rated at 9/10 with medications. Physical exam shows antalgic gait, tenderness over lumbar spine, decreased range of motion, and bilateral lumbar trigger points. Medications include Buprenorphine, amitriptyline, gabapentin, venlafaxine, Anaprox, and clonazepam. Submitted documentation demonstrates patient has chronically take clonazepam 1mg every 8 hours for anxiety and muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRESCRIPTION OF CLONAZEPAM 1MG, #45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), Stress, page 401; MTUS Chronic Pain Medical Treatment Guidelines Benzodiazepines, page 24 and Non-MTUS Official Disability Guidelines (ODG) Pain, Benzodiazepines.

**Decision rationale:** CA MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. The ODG states that chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). 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. If medication is needed for chronic use patient should be referred to psychiatric care. This patient's records do not offer clear rationale for ongoing use of a benzodiazepine, and ongoing psychiatric care is not evident. Therefore, the request for clonazepam is not medically necessary.