

Case Number:	CM14-0122754		
Date Assigned:	09/16/2014	Date of Injury:	06/05/2002
Decision Date:	12/04/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of June 5, 2002. The applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; muscle relaxants; adjuvant medications; unspecified amounts of physical therapy; and earlier cervical laminectomy surgery. In a Utilization Review Report dated July 15, 2014, the claims administrator partially approved a request for clonazepam while conditionally denying/delaying a requesting for gabapentin. The applicant's attorney subsequently appealed. In an October 15, 2014 progress note, the attending provider suggested that the applicant continue on current medications, including Percocet, Ambien, and OxyContin. The attending provider stated that the applicant's current medication list included Biofreeze, Colace, Flexeril, Norco, Lyrica, Nexium, Dulcolax, MiraLax, lactulose, hydrochlorothiazide, Zestril, and Zocor. There was no mention of the need for clonazepam in the appeal letter. The claims administrator, it is incidentally noted, suggested that the partial approval/partial denial was based on a July 2, 2014 progress note. The claims administrator suggested that the applicant was using clonazepam for depression, anxiety, and tearfulness. The July 2, 2014 progress note on which the article in question was sought, however, was not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2mg #90 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as clonazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the 90-tablet, three-refill supply of clonazepam sought implies chronic, long-term, and/or scheduled usage of the same, for anxiolytic effect. This is not an ACOEM-endorsed role for clonazepam. While it is acknowledged that the July 2, 2014 progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.