

Case Number:	CM14-0130463		
Date Assigned:	08/20/2014	Date of Injury:	09/07/2010
Decision Date:	09/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 30-year-old male who was reportedly injured on September 7, 2010. The mechanism of injury was noted as an insidious onset of multiple symptomatology. The most recent progress note dated July 6, 2014, indicated that there were ongoing complaints of a major depression. The physical examination demonstrated an obese individual, who appeared to be anxious, and no specific physical examination findings were reported. Diagnostic imaging studies are not presented. Previous treatment included multiple medications. A request was made for clonazepam and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam Tab 0.5 MG Day Supply: 30 Quantity 60, Zero Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 66 OF 127.

Decision rationale: Clonazepam (aka Klonopin) is a benzodiazepine used for the treatment of anxiety, seizures, neuralgia, and periodic leg movement disorder. It is not recommended for long term use. Further, as noted in the MTUS, this is not recommended due to rapid development of

tolerance of dependence issues. There is little benefit in the use of this class of medications over non-benzodiazepines are the treatment spasm. Therefore, ongoing use of this medication is not supported. Therefore this request is not medically necessary.