

Case Number:	CM14-0150528		
Date Assigned:	09/18/2014	Date of Injury:	04/08/2005
Decision Date:	10/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/16/2014

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:

Patient is a 57-year-old female who has submitted a claim for sprain of neck, associated with an industrial injury date of 04/06/2005. Medical records from August 2013 to September 2014 were reviewed. Patient complained of neck pain radiating to the shoulders. She noted that because of the continuing pain, she was unable to attend to her routine daily activities, such as bathing, dressing, doing household chores, and transportation. She had regular medical consults and completed physical therapy. The patient also developed depression because of physical disabilities and financial problems. She was diagnosed with Major Depressive Disorder. The patient was regularly seen by a psychiatrist and had regular psychotherapy. Her condition has stabilized despite flare-ups. There was no mention of the patient's physical examination. Treatment to date has included pain medications, antidepressant medications (Clonazepam since 2013), home care, physical therapy, cognitive behavior therapy, and psychotherapy sessions. Utilization review from August 13, 2014 denied the request for Clonazepam 0.5 mg, QTY: 60. Clonazepam is not recommended for chronic use with most guidelines limiting use to 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5 mg, QTY: 60: Upheld

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

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

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment 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 their use to 4 weeks. In this case, progress notes since at least September 2013 and continuing until June 2014 noted that Clonazepam has been prescribed. Records did not state that the patient benefited from the medication. There was no discussion to support the need for continuation of Clonazepam use. Moreover, chronic use of Clonazepam is not supported by the guidelines. Therefore, the request for Clonazepam 0.5 mg, QTY: 60 is not medically necessary.