

Case Number:	CM14-0152019		
Date Assigned:	09/22/2014	Date of Injury:	09/21/1999
Decision Date:	10/21/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/17/2014

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 claimant was injured due to cumulative trauma from 09/21/98 through 09/21/99. Clonazepam is under review. His diagnoses include carpal tunnel syndrome, cervical spondylosis without myelopathy, lumbar spinal spondylosis without myelopathy, degenerative disc disease in the cervical and lumbar spines, and bilateral lateral epicondylitis. He has ongoing pain complaints involving his neck, shoulders, elbows, wrists, and hands and also his upper and lower back. He has had a lumbar support and has been treated for heartburn. Physical examination revealed full range of motion of the cervical spine and normal strength in the upper extremities with a slight decrease in left upper shoulder range of motion. He had decreased reflexes in the right upper extremity. Motor strength was intact in the lower extremities and there were no sensory loss. Clonazepam has been prescribed repeatedly over many months. On 01/27/14, he reported that he had been seeing a psychiatrist and psychologist. He had been using clonazepam for a prolonged period of time. He ran out of his medications early. He was noncompliant with a medication taper. Further attempts at weaning were recommended and an addictionologist consult was requested. On 03/25/14, he was evaluated and he had been taking Norco, Soma, and clonazepam. He had tenderness and muscle spasms. His medications were discussed with him. He was advised to keep the clonazepam and Soma to a minimum as they are habit-forming. He was given prescriptions. On 04/22/14, the urine drug screen was negative for clonazepam and positive for meprobamate, hydrocodone, and hydromorphone. On 05/20/14, clonazepam was not noted in the urine drug screen but it was positive for tramadol. On 06/17/14, he saw a provider for ongoing pain. He requested medication refills and stated that they were effective. He reported heartburn from one of the meds and he thought it was Klonopin. Functional gains included assistance with his ADLs, mobility, and restorative sleep.

His medications were refilled and included clonazepam. A urine drug screen was positive for carisoprodol, meprobamate, hydrocodone, and hydromorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12ed. McGraw Hill 2010

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Medications for Chronic Conditions, Page(s): 54,94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary - Benzodiazepines

Decision rationale: The history and documentation do not objectively support the request for clonazepam 1 mg #60 with unknown frequency and duration of use. The MTUS state "benzodiazepines (Alprazolam) are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. (Baillargeon, 2003) (Ashton, 2005)"The MTUS state that good sleep hygiene and control of anxiety are important in chronic conditions. However, the use of benzodiazepines on a chronic basis are not supported by the ODG. The ODG state benzodiazepines may be recommended for short term use, up to 4 weeks. The claimant has been using this medication for a prolonged period of time and has a history of likely addiction since tapering of his medications has been tried with less than optimal results and he was referred to an addictionologist with unknown results. His status relative to the use of this type of medication is unclear. The medical necessity of the ongoing use of Clonazepam 1 mg has not been clearly demonstrated.