

Case Number:	CM14-0156432		
Date Assigned:	09/25/2014	Date of Injury:	08/07/2001
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/24/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 patient is a 57 year old male who was injured on 08/07/2001 when the patient was lifting heavy tools and felt heavy pain in his back. The patient underwent right radiofrequency ablation at L3-L4, L4-L5, and L5-S1 which provided 85-90% improvement on the left and 75% improvement on the right. Prior medication history included Celebrex, clonazepam, Cymbalta, Doculax, Flexeril, Lipitor, Percocet and Protonix. Progress report dated 09/16/2014 documented the patient to have complaints of low back pain which he rated as 5/10 in intensity with numbness and sharpness radiating to bilateral lower extremities. His examination revealed no significant findings and he was diagnosed with lumbosacral spondylosis without myelopathy. The patient does have a past history of anxiety and depression which he takes clonazepam for and has been since 04/21/2014. Prior utilization review dated 09/05/2014 states the request for Clonazepam #60, 1 tab BID (3-Refills) is modified to certify clonazepam #60 1 tab BID with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam #60, 1 tab BID (3-Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
BENZODIAZEPINES Page(s): 22.

Decision rationale: The guidelines do not recommend benzodiazepines for long-term use due to risk of tolerance and dependence. In general, the guidelines do not recommend treatment with benzodiazepines for longer than 4-6 weeks. Benzodiazepines are not recommended for chronic treatment of anxiety and depression. The clinical notes did not provide justification for the medications outside of current guidelines. The patient has been taking Clonazepam for longer than the recommended duration. Benzodiazepines should not be stopped suddenly and should be tapered by the treating physician. From the clinical documents it appears the patient was taking 1mg tabs. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary but is partially certified for tapering for clonazepam 0.5mg, #20.