

<b>Case Number:</b>	CM14-0158484		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	12/10/1999
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Texas, Ohio, and Florida. 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 52-year-old male who reported an injury on 12/10/1999. The mechanism of injury was not included in the documentation submitted for review. His diagnoses were noted to include multilevel cervical degenerative disc disease, cervical spondylosis, bilateral upper extremities radicular pain with right upper extremity weakness, lumbar degenerative disc disease status post L3-4 anterior/posterior fusion with residuals, bilateral lower extremities radicular pain, hypertension, opioid dependence, and insomnia secondary to pain. His past treatments were noted to include physical therapy, epidural steroid injections, TENS unit, medication, and a home exercise program. Pertinent diagnostic testing was not included in the documentation submitted for review. The documentation noted the injured worker had a total of 5 lumbar surgeries and 2 cervical surgeries. On 04/16/2014, the injured worker complained of chronic neck and low back pain rated 8/10 with medications and 10/10 without medications. The injured worker also stated that the pain radiates to both his upper and lower extremities with numbness, tingling, and burning pain and headaches. The injured worker reported a 20% improvement with pain control with the current medication regimen. The injured worker stated he was able to participate in his activities of daily living, as well as perform his self care needs and is able to sit and stand for longer periods of time. The physician also noted in the documentation the injured worker continued to be compliant with the medication regimen agreement and random drug screen results were consistent. The injured worker's medications were noted to include morphine ER, morphine IR, Topamax 25 mg, clonazepam 0.5 mg, omeprazole 20 mg, Laxacin, Soma, clonidine patch, and Lunesta. The physical exam noted the injured worker's range of motion to the cervical spine as flexion 30 degrees, extension 20 degrees, extension 20 degrees, right rotation 50 degrees, and left rotation 40 degrees. Physical exam findings of the lumbar spine noted the injured worker has bilateral lumbar paraspinous tenderness and there is a +1 palpable

muscle spasm present. His range of motion in his lumbar spine was noted as flexion 50 degrees, extension 10 degrees, right lateral bending 20 degrees, and left lateral bending 20 degrees. The documentation also noted a negative straight leg raise bilaterally. Treatment plan was noted to include the injured worker to be tapered off of his medications. The injured worker stated he was unwilling to do this and states he will find another physician. The documentation also notes the injured worker was counseled as to the benefits of the medication and potential side effects. Also, the injured worker was informed of the risk included in taking the medication. The documentation noted the physician's rationale for the requested clonazepam was for anxiety and to assist with withdrawal symptoms. The Request for Authorization was not included in the documentation submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Clonazepam tab 0.5mg, Days Supply: 30 Qty: 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24 & 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 64.

**Decision rationale:** The request for Clonazepam tablet 0.5 mg 30 days' supply QTY: 45 is not medically necessary. California MTUS Guidelines state long term use of benzodiazepines is not recommended due to the potential for abuse, dependence, and/or tolerance. Guidelines do not recommend long term use because long term efficacy is unproven and there is risk of psychological and physical dependence. The documentation noted the injured worker was taking clonazepam for anxiety and to help assist with withdrawal symptoms from the morphine. However, the documentation submitted for review only include two clinical notes dated 03/18/2014 and 04/16/2014, which showed the injured worker was prescribed the medication. Based on the lack of documentation provided, and the request submitted failed to indicate the frequency of the medication, the request for Clonazepam tablets 0.5 mg would not be supported. As such, the request is not medically necessary.