

<b>Case Number:</b>	CM14-0170834		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/08/1995
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Geriatrics and is licensed to practice in New York. 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 65 year old woman with a date of injury of 6/8/95. She was seen by her primary treating physician on 9/18/14 with complaints of low pain and falls. She stated her medications were helpful with 'no problems'. Her exam showed her lumbar spine was tender to palpation and she had pain with flexion. Her wound was clean and dry and she had an antalgic gait. Her diagnoses were lumbago and failed back syndrome. Her medications included norco, clonazepam, Neurontin and dendracin cream. At issue in this review is the request for clonazepam. Length of prior therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 prescription of Clonazepam 0.5mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

**Decision rationale:** Benzodiazepenes 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. In this injured worker, Clonazepam is prescribed for ongoing use and there is no discussion in the note of efficacy with regards to pain and function specific to Clonazepam or a discussion of side effects. The records do not document medical necessity of Clonazepam in this injured worker.