

Case Number:	CM14-0177027		
Date Assigned:	10/30/2014	Date of Injury:	05/15/1994
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/24/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic shoulder pain, and causalgia reportedly associated with an industrial injury of May 15, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; adjuvant medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated September 30, 2014, the claims administrator failed to approve a request for clonazepam (Klonopin), a benzodiazepine anxiolytic. Multiple other medications, however, including Duragesic, Lyrica, Norco, Celebrex, and Elavil were all apparently approved. Large portions of the claims administrator's decision making was based on the ODG formulary, it was stated. The applicant's attorney subsequently appealed. In a March 18, 2014 progress note, the applicant was described as having multifocal complaints of low back pain and neck pain. It was stated that the applicant was not working and had been deemed "disabled. The applicant was using Duragesic, Norco, Lyrica, Celebrex, Xanax, and Elavil. The applicant's BMI was 25. Multiple medications were refilled, including Elavil, Celebrex, Klonopin, Duragesic, Lyrica, and Norco. Drug testing was performed. It was not clearly stated for what diagnosis or diagnoses clonazepam was being employed for. In earlier notes dated August 15, 2013 and September 17, 2013, it was acknowledged that the applicant was off of work and had been deemed "disabled." The attending provider suggested that the applicant receive further refills of clonazepam from her psychiatrist. On January 24, 2014, it was suggested that the applicant was using clonazepam for sedative effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Clonazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the information on file suggested that the applicant is intent on employing Clonazepam for chronic, long-term, and scheduled use purpose for sedative effect. This is not an ACOEM-endorsed for Clonazepam. Therefore, the request is not medically necessary.