

<b>Case Number:</b>	CM14-0036917		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/10/2006
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Texas and is licensed to practice in Texas. 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 54 year old female who had work related injuries on 02/10/06. She sustained a low back and right shoulder injury after lifting a wheelchair. She was diagnosed with lumbar strain, degenerative disc disease, and circumferential disc bulging at L1 through L5, and facet arthropathy at L5-S1. Treatment included laminectomy and discectomy at L4-5 on 10/06/08 and second surgery in 10/2010. Most recent progress note dated 02/19/14. The patient presented for follow up of neck, right upper extremity, left low back, and bilateral lower extremity numbness and tingling. Symptoms were unchanged. She continued to have aching, stiffness in her back and bilateral shoulders. She currently rated her pain at 5-8/10 on pain scale. She noted she had increased numbness in her low back over the last two days. Physical examination, patient was alert and oriented, in no acute distress. She was able to sit comfortably for the exam. Gait was moderately antalgic with use of a cane. Tenderness to palpation in the thoracic and lumbar paraspinals. Lumbar paraspinal spasm noted. Range of motion of the cervical thoracic and lumbar spine decreased in all planes. Decreased sensation in right L5-S1 dermatomes. Motor exam was 4+/5 for right hips, hamstring tibialis anterior, EHL, inversion plantarflexion and eversion. A 5-/5 for left quadriceps, hamstrings, tibialis anterior, EHL, inversion, plantarflexion, and eversion. Tenderness to palpation over the lumbar facets. Positive facet challenge. Straight leg raise on the right at 60 degrees reproduced pain to the foot. Positive slump test bilaterally. Lasegue was positive bilaterally. Urine drug screen dated 10/10/13 was consistent. Medications were gabapentin, Norco 10/325, oxycontin, Lidoderm patches. Diagnoses, status post lumbar fusion times two. Lumbar and cervical radiculopathy. Cervical myofascial complaints, sprain/strain. Psychological issues including non-suicidal depression, sleep disorder, and anxiety Chronic pain syndrome. Request was for clonazepam 0.5mg #120. Prior utilization review on 02/26/2014, non-certified clonazepam 0.5mg # 120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**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, PAIN (CHRONIC).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): page(s) 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

**Decision rationale:** The request for Clonazepam 0.5mg #120 is not medically necessary. The current evidence absed guidelines do not support the request. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. A previous utilization review on 02/26/2014, non-certified the request. As such, medical necessity has not been established.