

Case Number:	CM14-0045572		
Date Assigned:	06/27/2014	Date of Injury:	03/19/2002
Decision Date:	08/14/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/02/2014

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. 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 an injured worker with fibromyalgia, cervical spine, lumbosacral spine, anxiety, depressed mood, upper extremity conditions. The patient's date of injury was 03-19-2002. An agreed medical evaluation (AME) report dated 12/17/2013 documented subjective complaints of neck pain, bilateral arm pain, low back pain, and bilateral leg pain. Medications were Carisoprodol 350 mg one every 8 hours for muscle spasms, Compazine 10 mg for nausea and vomiting, Etodolac 500 mg two tablets for joint discomfort, Gabapentin 1600 mg four times a day, Lidoderm patches up to three patches to the neck and upper back for myofascial pain, Megace 20 mg twice a day to enhance appetite, Pristiq 50 mg once a day for depression, Protonix 40 mg for gastrointestinal reflux disease, Subutex 8 mg half a tablet four times a day, Toprol-xl 50 mg once a day for migraine headaches, Xanax 1 mg three to four times a day, Zyprexa 10 mg a day for depression and anxiety, and Klonopin 1 mg at bedtime. Past medical history includes hypertension, arthritis, depression, anxiety, neck surgery three times, right carpal tunnel release and right shoulder surgery. Physical examination findings included head normocephalic atraumatic, no acute distress, pupils round reactive, extraocular eye movements intact, chest clear to auscultation bilaterally, heart regular rate and rhythm, gait normal, upper extremity and lower extremity motor strength normal bilaterally. Diagnoses were fibromyalgia secondary to hyperalgesic syndrome from chronic opioid usage, chronic pain syndrome, bilateral carpal tunnel syndrome, bilateral ulnar compression neuropathy at the wrist and elbow, bilateral lumbosacral radiculopathy radiculitis, history of right shoulder arthroscopic surgery 2006, history of C5-6 cervical fusion 2003, history of cervical hardware removal 2003, history of discectomy at C4-5 with fusion at C4-5 through C7 2004, right carpal tunnel release 2002, hypertension, gastroesophageal reflux disease, adjustment disorder with mixed anxiety and depressed mood, dementia, anemia. A progress report dated 03-12-2014 documented complaints

of posttraumatic, depressive, and anxiety symptoms. Medications included Xanax 1 mg 1/2-1 tablet three times a day and Klonopin 1 mg at bedtime. A progress report dated 02-12-2014 documented diagnoses of depression, anxiety, post-traumatic stress disorder, and medications Xanax and Klonopin. A progress report dated 01-15-2014 documented diagnoses of depression, anxiety, post-traumatic stress disorder, and medications Xanax and Klonopin. A utilization review dated 03-22-2014 recommended non-certification of the requests for Klonopin and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #30: 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines, Clonazepam Other Medical Treatment Guideline or Medical Evidence Work Loss Data Institute Bibliographic Source: Work Loss Data Institute. Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. Guideline.Gov.

Decision rationale: The MTUS Chronic Pain Guidelines state that benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The ODG state that Clonazepam (Klonopin) is not recommended. The ODG state that benzodiazepines are 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. Benzodiazepines are not recommended as first-line medications by ODG. The Work Loss Data Institute Guidelines state that benzodiazepines (including Alprazolam and others) for long-term use are not recommended. Medical records document the long-term use of Benzodiazepines. Medical records indicate that the patient has been prescribed the benzodiazepines Clonazepam (Klonopin) and Alprazolam (Xanax) on a long-term basis. The MTUS Chronic Pain Guidelines do not support the long-term use of Benzodiazepines. The Work Loss Data Institute Guidelines and the ODG do not recommend the long-term use of benzodiazepines. As such, the request is not medically necessary and appropriate.

Xanax 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications-Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines, Alprazolam (Xanax) Other Medical Treatment Guideline or Medical Evidence: Work Loss Data Institute Bibliographic Source: Work Loss Data Institute. Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. Guideline.Gov.

Decision rationale: The MTUS Chronic Pain Guidelines state that benzodiazepines 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. The ODG state that Alprazolam (Xanax) is not recommended for long-term use. The ODG state that benzodiazepines are 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. The Work Loss Data Institute Guidelines state that benzodiazepines (including Alprazolam and others) for long-term use are not recommended. Medical records document the long-term use of benzodiazepines. Medical records indicate that the patient has been prescribed the benzodiazepines Clonazepam (Klonopin) and Alprazolam (Xanax) on a long-term basis. The MTUS Chronic Pain Guidelines do not support the long-term use of benzodiazepines. Work Loss Data Institute Guidelines and the ODG do not recommend the long-term use of benzodiazepines. ODG guidelines and Work Loss Data Institute guidelines specifically do not recommend the long-term use of Xanax (Alprazolam). As such, the request is not medically necessary and appropriate.