MAXIMUS Federal Services

Case Number:	CM14-0046872		
Date Assigned:	07/02/2014	Date of Injury:	07/19/2012
Decision Date:	12/16/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/14/2014

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:

This is a 50-year-old male with a 7/19/12 date of injury. The mechanism of injury occurred when the bucket on an excavator fell and struck him on his right arm, right knee, and right shoulder. According to a progress note dated 3/28/14, the patient stated that he felt worse. He complained of pain in the left shoulder, left knee, neck pain, and low back pain. His medication regimen included clonazepam, Latuda, Viibryd, Intermezzo, Lamictal, and Norco. Objective findings: restricted right knee range of motion, SLR only caused low back pain and knee pain bilaterally, breakaway weakness in the right upper extremity and right lower extremity. Diagnostic impression: right knee pain, neck pain, cervical disc disease, cervical radiculitis, right shoulder pain, low back pain, carpal tunnel syndrome. Treatment to date: medication management, activity modification, injections, surgery, physical therapy. A UR decision dated 3/28/14 modified the request for clonazepam from 60 tablets to 40 tablets for weaning purposes over the next 3 months. Despite the use of this benzodiazepine, the patient continued with significant anxiety, which can often be made worse, not better, with the chronic daily use of a benzodiazepine.

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 30 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, according to the medical records provided for review, this patient has been taking clonazepam since at least 1/6/14, if not earlier. Guidelines do not support the long-term use of benzodiazepines. In addition, it is noted that this patient is also taking Norco. Guidelines do not support the concurrent use of opioids and benzodiazepines due to the risk of adverse effects, such as sedation. Furthermore, a UR decision dated 3/28/14 modified the request for clonazepam from 60 tablets to 40 tablets for weaning purposes over the next 3 months. It is unclear why this request is being made at this time. Therefore, the request for Clonazepam tab 0.5mg, days 30, #60 is not medically necessary.