

<b>Case Number:</b>	CM14-0050922		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/20/2000
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Emergency Medicine 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 patient is a 53-year-old female who was injured on October 20, 2000. The patient has continued to experience left shoulder pain. Physical examination was notable for visible atrophy of the trapezius, pain over the mid and lateral clavicle sensory deficit in C6/C7 distribution and motor strength 4/5 in the upper extremities. Diagnoses included shoulder pain, headache, closed dislocation of the clavicle, anxiety with depression, and chronic pain due to trauma. Treatment included medications and home exercises. Request for authorization for clonazepam 1 mg # 20 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 1 mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 24. Decision based on Non-MTUS Citation Pain Interventions and Guidelines.

**Decision rationale:** Clonazepam is a benzodiazepine. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence.

Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the clonazepam was prescribed for panic attacks. SSRIs are first-line medications based on safety and tolerability. If the patient does not respond, another SSRI should be attempted. If this fails, another class of medications should be attempted (SNRI, TCA or benzodiazepine). Benzodiazepines may be recommended with initial treatment as an adjunct agent to SSRIs as the latter class of drugs is titrated. In this case there is no documentation that the patient has failed treatment with SSRIs. The medication is not recommended and is not medically necessary.