

Case Number:	CM14-0055759		
Date Assigned:	07/09/2014	Date of Injury:	12/10/1999
Decision Date:	08/07/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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 patient is a 52 years old male, Date of Injury 12/10/1999. Subsequent to a lifting injury he developed chronic low back pain. He has undergone lumbar surgeries X's 4 and is diagnosed with failed back syndrome. As a component of this syndrome he has radiating neuropathic pain into his lower extremities. He is treated with oral analgesics which includes Morphine Sulfate ER 60mg TID (3 times a day), Morphine Sulfate IR 15mg. 5X's/day, Topamax, Soma, Clonazepam .5mg. TID (3 times a day) and a Clonidine patch. It is documented that he has trialed Cymbalta but had issues with side effects. In late '13 tapering of the Opioids was instituted at about 10% a month and it was documented that the Clonazepam was utilized for anxiety and withdrawal symptoms. The opioid tapering was unsuccessful and the repapering dose was back in place by Feb. 2014. Withdrawal symptoms were still reported and the Clonazepam was continued for anxiety and withdrawal symptoms there was no explanation regarding the continued reported withdrawal symptoms while the opioids were increased again. No other antidepressants have been trialed since the trial of Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Opioids Ongoing Management Page(s): 24, 78.

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

Decision rationale: MTUS Chronic Pain Guidelines do not recommend the long term use of Benzodiazepines for anxiety or other medical conditions. Short term use for acute opioid withdrawal may be medically necessary, but that is not the circumstance now. There was no acute tapering of the opioid as it was planned at 10% per month and the tapering has been stopped with the prior dosing re-instated. Also, there are many other recommended medications for anxiety that could be trialed. There are no unique circumstances that justify an exception to the Guideline recommendations. Therefore, the request for Clonazepam 0.5mg #60 is not medically necessary.