

<b>Case Number:</b>	CM14-0063071		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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 injured worker is a 54-year-old female who reported an injury on 09/10/2009 due to an unknown mechanism. Diagnoses were spasm of muscle, mood disorder, cervical pain, cervical radiculopathy, shoulder pain, lumbar radiculopathy, and low back pain. Past treatments were physical therapy and TENS unit. Diagnostics were MRI right shoulder, MRI left shoulder, MRI lumbar spine, EMG, x-ray. Surgical history was not reported. Physical examination on 06/19/2014 revealed complaints of increased pain. The injured worker reported increased pain on the left side of her body. She also reported having a lot of bad headaches. Examination of the lumbar spine revealed on palpation, paravertebral muscles, mild tenderness to palpation left thoracic paravertebral. Trigger point with radiated pain and twitch response on palpation at the cervical paraspinal muscles on the right and left trapezius. Examination on the left shoulder revealed movements were restricted with flexion limited to 100 degrees and abduction limited to 100 degrees. Tenderness was noted on the superior trapezius. Medications were Oxycodone HCL 15 mg 3 times a day as needed, Ibuprofen 600 mg, Lidoderm 5% patch, Prilosec 40 mg, gabapentin 300 mg, Rozerem 8 mg, Carvedilol 3.125 mg, Lisinopril 10 mg, Zolofl 100 mg, and Clonazepam 1 mg. Treatment plan was to continue medications as directed and to start on Lithium. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy Purchase of Clonazepam 1mg #90: 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 Benzodiazepine Page(s): 24.

**Decision rationale:** The request for Pharmacy Purchase of Clonazepam 1 mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Also, the request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary.