

Case Number:	CM14-0074239		
Date Assigned:	07/16/2014	Date of Injury:	08/20/1996
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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 Nevada. 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 records, presented for review, indicate that this 54-year-old individual was reportedly injured on 8/20/1996. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 4/23/2014, indicated that there were ongoing complaints of neck and right knee pains. The physical examination demonstrated an antalgic gait without assistive devices. Cervical spine had limited range of motion with pain and positive tenderness to palpation of the paravertebral muscles with spasm and trigger point with twitch response and with palpation bilaterally. Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. Lumbar spine: had positive straight leg raise on the right in supine position. Right knee had range of motion 0-120 and positive tenderness to palpation over medial/lateral joint lines and popliteal fossae. There were positive patellar grind test and positive McMurray's test. Muscle strength bilateral lower extremities were 4/5 to 5/5. Sensory exam was within normal limits. Reflexes were equal bilaterally in the upper extremities. Diagnostic imaging studies included x-rays of the bilateral knees on the same date of service and which revealed right knee an unremarkable x-ray. The left knee had medial joint space narrowing. Previous treatment included right knee surgery, physical therapy, medications, injections, acupuncture, chiropractic care, and transcutaneous electrical nerve stimulation (TENS) unit. A request had been made for Clonazepam 1 mg #30 and was not certified in the pre-authorization process on 5/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Clonazepam 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006. Physician's Desk Reference, 68th ed. www.RxList.com Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm .drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s): 24 OF 127.

Decision rationale: Clonazepam is 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 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Therefore, 1 Clonazepam 1mg #30 is not medically necessary.