

Case Number:	CM14-0076151		
Date Assigned:	07/16/2014	Date of Injury:	05/17/2010
Decision Date:	09/03/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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:

The patient is a 50-year-old female who was injured on 5/17/10. The mechanism of injury is unknown. Prior treatment history has included 23 sessions of physical therapy and home exercise program. The orthopedic visit dated 04/28/2014 documented the patient to have swelling with prolonged weight-bearing and some bruising. She continues to have bruising. Her pain is managed with physical therapy. On exam, she has positive swelling and warm to touch. Range of motion is from 0-90 degrees. Diagnoses are right medial meniscus unicompartmental tear; 04/08/2013; and unicompartmental knee replacement on 02/28/2014. The patient was instructed to continue Ambien, Percocet, and Gabapentin. Prior utilization review dated 05/14/2014 states the request for 30 Clonazepam 0.5 mg #30 is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Clonazepam 0.5mg 1 tablet per Orem every hours of sleep #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, 12 ed. McGraw Hill 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

Decision rationale: According to MTUS guidelines, benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. 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." According to Official Disability Guidelines (ODG), benzodiazepines are not recommended as first-line medications. In this case, a request is made for Clonazepam for a 50-year-old female injured on 5/17/10 in order to treat anxiety. The patient is status post right knee medial meniscus tear and unicompartmental right knee replacement on 2/28/14. However, duration of benzodiazepine treatment in this case is not clear. Further, Clonazepam is prescribed currently to take at night with Ambien, a medication for insomnia, in addition to opioid medication, yet there is no discussion of the patient's anxiety or insomnia. There is only mention of depression due to a delay in physical therapy authorization. The patient does not appear to have a specific DSM-IV diagnosis of anxiety. Medical necessity is not established.