

<b>Case Number:</b>	CM14-0081340		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 & 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 57-year-old male who reported injury on 05/20/2011, caused by an unspecified mechanism. The injured worker's treatment history included medications, surgery and x-rays. The injured worker was evaluated on 05/13/2014, and it was documented that the injured worker complained of continued chronic headaches, as well as neck pain. He had 3 epidural injections in the neck with limited success. The provider noted the injured worker was approved for Botox therapy. He had pain turning his neck in certain directions with chronic headache discomfort. He has tried various ways to minimize his use of Norco. He was recently approved for the medicinal use of marijuana that seems to be appropriate for him. Currently in the process of getting CPAP therapy and recommended weight reduction on an industrial basis. Physical examination: blood pressure was 120/80, pulse was 70 beats per minute. There was tenderness over the frontal region by frontal cervical paraspinal muscle and right upper trapezius muscle. There was normal strength, sensation and reflexes in the upper and lower extremities. the provider noted the injured worker was denied the use of clonazepam as a muscle relaxants, however, I see no reason why he should not be able to continue with it for muscle relaxant relief to take 1 mg twice a day. Diagnoses include a closed head injury with concussion, laceration to the vertical scalp requiring 6 staples to control, cervical strain with cervical disc disease and cervical spinal surgery, and muscle contraction and vascular headaches. The Request for Authorization or rationale were not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 1mg #60 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications Page(s): 24, 124.

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

**Decision rationale:** The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. The request lacked frequency and duration of medication. As such, the request for Clonazepam 1 mg # 60 no refills is not medically necessary.