

Case Number:	CM14-0093988		
Date Assigned:	07/25/2014	Date of Injury:	10/04/1996
Decision Date:	11/05/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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:

Injured worker is a female with date of injury 10/4/1996. Per progress note dated 7/29/2014, the injured worker presents with anxious and fearful thoughts, depressed mood, difficulty falling asleep, difficulty staying asleep, fatigue and poor concentration but denies thoughts of death or suicide. Physical examination is notable for cervical spine tenderness, and moderate pain with range of motion. Lumbar spine had tenderness and mild pain with motion. Left shoulder is tender, and there is moderate pain with motion. Left knee has tenderness and mild pain with motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #90, 30 day supply: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. Medical necessity for this request has not been established within the

recommendations of the MTUS Guidelines. The request for Clonazepam 1mg #90, 30 day supply is determined to not be medically necessary.