

Case Number:	CM14-0180447		
Date Assigned:	11/05/2014	Date of Injury:	08/22/2003
Decision Date:	01/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/30/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, shoulder pain, knee pain, and hip pain with derivative complaints of depression, anxiety, and psychological stress reportedly associated with cumulative trauma at work first claimed on August 22, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; a total knee arthroplasty; psychotropic medications; and coronary artery stenting in 2013. In a Utilization Review Report dated October 20, 2014, the claims administrator failed to approve a request for Clonazepam, an anxiolytic medication. The full text of the Utilization Review Report does not appear to have been incorporated into the Independent Medical Review packet, however. The applicant's attorney subsequently appealed. In a September 3, 2014 progress note, the applicant reported diffuse multifocal pain complaints and multifocal arthropathies. The applicant was asked to return as needed. The applicant was kept off of work. The applicant was using fentanyl for chronic pain complaints, it was acknowledged. In an August 29, 2014 medical-legal evaluation, it was stated that the applicant had various and sundry internal medicine issues, including coronary artery disease status post coronary artery stent placement in August 2013, hypertension, gastroesophageal reflux disease, shoulder pain, knee pain, and diabetes mellitus. In his review of records, the medical-legal evaluator alluded to an earlier October 16, 2013 stress echocardiogram and procedure note, at which point the applicant was described as using a variety of medications as of that point in time, including the Clonazepam apparently at issue here. The applicant was using Metformin, Zoloft, Tramadol, Benicar, Aciphex, aspirin, Atrovent, Duragesic, Melatonin, and Meloxicam, it was stated. On September 3, 2014, the applicant presented with persistent complaints of shoulder and neck pain, reportedly severe and worsening over time. The applicant was placed off of work, on total temporary disability. The applicant was

using Clonazepam on a nightly basis; it was noted at this point in time. The applicant's other medications included Benicar, Aciphex, Phenergan, Ultram, metformin, Mobic, Viibryd, Duragesic, aspirin, Crestor, and Nitrostat. Multiple medications were refilled, including Atrovent, Duragesic, and Viibryd. In a May 2, 2014, medical-legal evaluation, it was stated that the applicant was using Clonazepam at bedtime, for sedative effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam .5mg 90 day supply QTY 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such a Clonazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, all information on file points that the applicant is using Clonazepam (Klonopin) for chronic, long-term, and/or scheduled use purposes, for sedative effect. This is not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.