

Case Number:	CM14-0188702		
Date Assigned:	11/19/2014	Date of Injury:	11/09/2011
Decision Date:	03/10/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 61 year old female, who sustained an industrial injury on 11/09/11. She has reported subsequent neck pain, arm pain and headaches. The diagnoses have included cervical stenosis, cervical spondylosis, closed head injury with post-concussion syndrome, post-traumatic migraines, anxiety and major depression. Treatment has included oral pain, anti-depressant and anti-anxiety medication. The most recent physician note was from the orthopedist and showed that the injured worker complained of continued significant neck pain and headaches 3-5 days/ week. The injured worker was noted to feel much more comfortable compared to pre-op. Although Clonazepam was listed as an active medication it is uncertain as to how long the injured worker had been taking the medication or what the results of use had been. The most recent treating physician's progress note from 09/23/2014 showed that the injured worker's memory was decreased and that she felt foggy. Speech was also noted to be decreased and she was noted to be restless. There were no detailed psychological examination findings found in the medical record. A request was made for authorization of Clonazepam but there was no medical documentation specific to this request found in the medical record. On 11/05/2014, Utilization Review non-certified a request for Clonazepam, noting that there was no record of a Y drug trial prior to prescribing N drug Clonazepam. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for clonazepam 1mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Clonazepam or Klonopin is a benzodiazepine. Patient is on this medication chronically for at least 3months and potentially longer for anxiety and agitation. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. There is no documentation of how it is used and what effect or benefit it has been having despite use. Chronic use of benzodiazepine such as Clonazepam is not medically necessary.