

Case Number:	CM14-0192895		
Date Assigned:	11/26/2014	Date of Injury:	12/18/2013
Decision Date:	01/14/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/18/2014

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 and 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 patient is a 40-year old male with date of injury 12/18/13. The treating physician report dated 01/22/14 indicates that the patient presents with pain affecting the left knee, left hip, lower back, and cervical spine region. The physical examination of the cervical spine reveal reduced forward flexion, extension- 60 degrees, right lateral flexion- 30 degrees, left lateral flexion- 38 degrees, right rotation- 40 degrees, and left rotation- 45 degrees. The physical examination of the lumbar spine reveal true lumbar flexion- 40 degrees, extension- 10 degrees, left lateral bending- 10 degrees, and right lateral bending- 15 degrees. The physical examination of the left knee reveal pain at the medial joint, McMurray's test is positive on the left side, pain on passive extension of the patella, and full extension is painful. Prior treatment history includes medications. Requests for physical therapy had been denied. MRI of the left knee findings reveals mild meniscal degeneration and strain of the medial collateral ligament complex. The current diagnoses are: 1. Current Tear of Medial Cartilage or Meniscus Knee (Left) 2. Patellar Tendinitis (Left) 3. Radiculopathy 4. Disc Disorder Lumbar 5. Low Back Pain The utilization review report dated 10/24/14 denied the request for Clonazepam 2mg #30 based on the guidelines not recommending it for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2mg #30: Upheld

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

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

Decision rationale: The current request is for Clonazepam 2mg #30. The treating physician states "Positive for hypertension, diagnosed about three to four years ago, treated with benazepril; anxiety treated in the past two years, he takes clonazepam for that. (20) The MTUS guidelines state not recommended for 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." In this case the treating physician has documented that the patient has been taking Clonazepam for about 2 years, which exceeds the MTUS recommendations. Therefore, Clonazepam 2mg #30 is not medically necessary.