

Case Number:	CM14-0214044		
Date Assigned:	12/31/2014	Date of Injury:	01/09/2011
Decision Date:	02/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 58-year-old female who was injured on 1/9/11. She complained of bilateral shoulder pain. She was diagnosed with rotator cuff tears, lateral epicondylitis, trapezial/cervical strain, cervicgia, and depression secondary to the industrial injury. The patient's medications included ibuprofen, tramadol, clonazepam, and ambien. This limited chart does not mention use of anti-depressants or psychotherapy. The current request is for clonazepam which was denied by utilization review on 12/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepan 1mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: Clonazepam is not medically necessary by MTUS guidelines. Benzodiazepines are not recommended for long-term use as long-term efficacy is unproven and there is a high risk of dependency. Most guidelines limit use to four weeks. Tolerance to anxiolytic effects occur within months and may increase anxiety in the long-term. The patient was being treated for depression. First-line treatment would be an anti-depressant, not an anxiolytic. There is no mention of psychotherapy. Therefore, the request is considered not medically necessary.