

<b>Case Number:</b>	CM14-0068463		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/30/2003
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	04/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 27 year old female who was injured on 4/30/2003. She was diagnosed with De Quervain's tenosynovitis, carpometacarpal joint synovitis, carpal tunnel syndrome, radial neuritis, and arthritis of bilateral thumbs. She was treated with topical analgesics and other pain medications. She was also treated with surgery (first dorsal compartment release), injections, occupational therapy, and a splint. She continued to experience chronic pain and also had non-industrial injuries to add to her pain. She was also diagnosed with major depressive disorder and sleep disorder and was prescribed Clonazepam, antidepressants, and anti-convulsants, which she used chronically. An appeal letter after her medications were denied was written by her psychiatrist on 3/30/14 reporting Clonazepam, Trazodone, Lamotrigine, Topiramate, Prilosec, and Zolpidem were, in their opinion, necessary and should not have been denied. There was no progress note from around the time of this request from any visit with her psychiatrist to review.

### 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, #60: 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:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, she had been using Clonazepam, presumably for her sleep disorder related at least in part by her chronic pain as well as her depression related to her pain. Regardless of the nature of use of this medication (sleep, anxiety, muscle relaxant), it is not recommended for chronic use and is inappropriate to continue in such a way. There are other therapies for sleep, depression, and there was insufficient evidence found in the documents provided for review to show fully what she had tried and failed which might be able to replace Clonazepam. Also, there was no recent progress note to document the worker's functional benefit related to this medication (improved sleep, better mood, etc.) to help justify its continuation. Therefore, the request for Clonazepam is not medically necessary.