

Case Number:	CM14-0084826		
Date Assigned:	07/21/2014	Date of Injury:	02/12/1996
Decision Date:	12/21/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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: North Carolina

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 52 year old female, who sustained an industrial injury on 2-12-1996. The injured worker is undergoing treatment for: cervicgia, pain to the shoulder, upper arm, neck and upper thoracic. On 12-27-13, and 5-21-14, she is seen for reported left upper extremity, neck, and upper thoracic region pain. She indicated she took Clonazepam 0.5mg every morning and 2 tabs nightly to vanquish anxiety which is noted to have decreased "symptoms by over 50 percent". The provider noted "the combination of oxycontin 20mg 7 tablets daily, oxycodone 5mg twice daily, gabitril 4mg at night, clonazepam 0.5mg one tab in the morning and 2 tabs at night continues to manage her pain". The treatment and diagnostic testing to date has included: left C5-6 transforaminal steroid injection (8-31-11 and 8-5-13), spinal cord stimulator (2006), medications, psychotherapy, and an exercise ball. Medications have included: gabitril, Cymbalta, clonazepam, oxycodone, oxycontin, fentora mucosal, Lexapro. The records indicate she has been utilizing clonazepam since at least November 2013, possibly longer. Current work status: restricted. The request for authorization is for: Clonazepam 0.5mg quantity 90 for cervical spine pain as an outpatient. The UR dated 5-12-2014: non-certified the request for Clonazepam 0.5mg quantity 90 for cervical spine pain as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5 MG # 90, cervical spine pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, online: www.odg-twc.com/odgtwc/formulary.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason, the request is not medically necessary.