

Case Number:	CM15-0004386		
Date Assigned:	01/15/2015	Date of Injury:	06/22/2011
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old man sustained an industrial injury on 6/22/2011 to his left wrist when a box hit it. Current diagnoses include left wrist ganglion cyst, left wrist/forearm pain, left elbow cubital tunnel, rule out chronic regional pain syndrome, anxiety, and sleep disorder. Treatment has included oral medication, physical therapy, hand specialist consultation, orthopedic surgery consultation, and home exercise program. Physician notes on a PR-2 dated 9/22/2014 show complaints of tenderness to palpation, limited and painful range of motion, and decreased sensation noted at C4-C8 on the left. Follow up notes dated 12/2/2014 are handwritten and mostly illegible. However, there is a request for authorization for the medication and dosage in dispute that follows. On 12/31/2014, Utilization Review evaluated a prescription for Clonazepam 0.5 mg #30, that was submitted on 1/8/2015. The UR physician noted that the medication contains anxiolytic, anticonvulsant, muscle relaxant, amnestic, sedative, and hypnotic properties. There is no documentation indicating the necessity of the medication or the rationale for medication selection. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Clonazepam; Diazepines

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

Decision rationale: Clonazepam 0.5mg #30 is not medically necessary for long term use but given this medication is a benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. Ca MTUS page 24 states that benzodiazepines are 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. They're ranging actions include sedative/have not it, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines for the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety; therefore the requested medication is not medically necessary.