

Case Number:	CM15-0107998		
Date Assigned:	06/12/2015	Date of Injury:	08/14/2013
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/04/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 51-year-old female, with a reported date of injury of 08/14/2013. The diagnoses include panic attack disorder, anxiety, sleep disturbance, and post-traumatic stress disorder. Treatments to date have included oral medications, topical pain medication, physical therapy, and chiropractic treatment. The visit note dated 04/16/2015 indicates that the injured worker was nervous and guarded. The physical examination showed good eye contact, appropriate word choice, appropriate insight, good judgment, intact memory, cervical paraspinal muscle tenderness, decreased cervical range of motion, decreased thoracic spine range of motion, thoracic paraspinal muscle tenderness, tenderness on palpation of the lumbar spine, tenderness of the lumbar paraspinal muscle, decreased lumbar spine range of motion, and negative straight leg raise test. The treating physician requested Clonazepam 1mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam tablet 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 58.

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

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Clonazepam (Klonopin) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Clonazepam for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There are no guideline criteria that supports the long-term use of benzodiazepines. In this case, there was no documentation of the indication and duration of use. In addition, there is no documentation indicating the claimant is maintained on any antidepressant medication for treatment of anxiety. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.