

<b>Case Number:</b>	CM15-0013032		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/08/1995
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: California, Indiana, 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 66 year old female who sustained an industrial injury reported on 6/8/1995. She has reported chronic and severe low back pain. The diagnoses have included lumbago; and failed back syndrome. Treatments to date have included consultations; diagnostic imaging studies; and medication management with no driving while on medications. The work status classification for this injured worker (IW) was noted to be restricted and retired. On 12/19/2014 Utilization Review (UR) modified, for medical necessity, the request, made on 12//2014, for Clonazepam 0.5mg #120 - to #84. The Medical Treatment Utilization Schedule, chronic pain treatment guidelines, benzodiazepines, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzidiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Clonazepam 0.5 mg #120 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured workers working diagnoses are lumbago. The date of injury is June 8, 1995. The medical record only contains 20 pages. There is a single progress note dated January 15, 2015. Utilization review stated the injured worker was taking both Norco and Clonazepam concurrently. The request for authorization is dated December 9, 2014. The progress note, as noted above, is dated January 15, 2015. The injured worker has been on Clonazepam for at least one month. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The treating physician requested Clonazepam #120. This is a one-month supply in excess of the recommended guidelines (not to exceed two weeks). Consequently, absent compelling clinical documentation with objective functional improvement in excess to the recommended guidelines, not to exceed two weeks, one prescription Clonazepam 0.5 mg #120 is not medically necessary.