

Case Number:	CM15-0141711		
Date Assigned:	07/31/2015	Date of Injury:	11/07/1991
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/21/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 on 11/07/1991. The injured worker was diagnosed with lumbar degenerative disc disease, facet arthropathy, sacroiliitis, trochanteric bursitis, piriformis syndrome and depression. The injured worker has a history of fibromyalgia and temporomandibular Joint Disorder (TMJ). The injured worker is status post rectocele repair and vaginal reconstruction in June 2015. Treatment to date documented in the medical review have included diagnostic testing , right L4-L5-S1 selective nerve root block, lumbar epidural steroid injections, psychotherapy sessions, cognitive behavioral therapy (CBT), surgery and medications. According to the primary treating physician's progress report on February 3, 2015, the injured worker continues to experience generalized body and temporomandibular pain. The injured worker rates her pain at 5-6 out of 10. Exam demonstrated tenderness to palpation of the bilateral sacroiliac (SI) and trochanteric bursa, left side greater than right side. There was decreased range of motion in all planes and most severe at extension. The injured worker has difficulty ambulating but not wheelchair bound. The injured worker's significant other is her full time caregiver. Examination of the jaw noted no clicking or asymmetry. The injured worker's thought process and conversation was slightly disjointed and she relied on her significant other for reporting. Current medications are listed as Fentanyl, Dilaudid, Clonazepam, Amrix ER, Lexapro, Wellbutrin and Diphenhydramine. Treatment plan consists of continuing medication regimen, cognitive behavioral therapy (CBT) and techniques, home exercise program, aqua therapy, epidural steroid injection or sacroiliac (SI) joint injections, radiofrequency ablation and acupuncture therapy

options for persistent pain and the current request for Clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #390: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress (Updated 03/25/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Clonazepam on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Clonazepam 0.5mg #390 is excessive and not medically necessary.