

<b>Case Number:</b>	CM15-0143298		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 34 year old female patient who sustained an industrial injury on November 28, 2011. On June 22, 2015 the patient underwent psychiatric evaluation that reported the patient with continued subjective complaint of pain, anxiety, weakness, and depression. She states having no more seizures and pending a neurological statement clearing her to drive an automobile. The following diagnoses are applied: major depressive disease, single episode, severe, without psychosis; posttraumatic stress disorder, and pain disease associated with both psychiatric and general medical condition. She is currently taking Clonazepam with note of having increased the dose with note of requiring an inpatient hospitalization. At a primary treating office visit dated March 28, 2015 reported the patient taking Keppra for seizures with recommendation to wean off Klonopin. The current subjective complaints are: neck pain that radiates into the mid-scapular region with pain radiating into the shoulder, with numbness radiating down both arms through the elbows and forearms into the hands. She complains of low back pain with numbness radiating into the buttocks, wrapping around into the groins and down the anterior and posterior thighs and into the feet. She is currently raking Flector patches. She also complains of difficulty sleeping with a sensation of "grogginess". The clinical impression noted the patient with altered level of consciousness; probably over sedated from medication, and seizure disorder. The plan of care noted the administration of medial nerve branch blocks, referral for consultation; recommending acupuncture care and continue with H-wave device. The patient is temporarily totally disabled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 3mg #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 06/15/15) - Online Version, Anxiety medications in chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 25.

**Decision rationale:** According to MTUS guidelines, "Benzodiazepines (including Clonazepam). 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)" In this case, the patient was diagnosed with depression and severe anxiety. She failed several trials of paxil, Prozac and Zoloft. The patient was treated with clonazepam, however the treatment worsened her seizures without significant improvement of her psychiatry condition. Long term use of clonazepam is not recommended because of risk of dependence and tolerance. Therefore, the request for Clonazepam 3mg #45 is not medically necessary.