

Case Number:	CM15-0146079		
Date Assigned:	08/07/2015	Date of Injury:	06/01/1994
Decision Date:	09/24/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 06-01-1994. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having reflex sympathetic dystrophy, depressive disorder, and panic disorder without agoraphobia. Treatment and diagnostics to date has included acupuncture, cognitive behavioral therapy, and medications. In a progress note dated 06-18-2015, the injured worker reported increased anxiety and depression. Objective findings noted the injured worker being severely anxious and depressed as well. The treating physician reported requesting authorization for Clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5 mg Qty 30: Upheld

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

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

Decision rationale: The current request is for Clonazepam 0.5 mg Qty 30. The RFA is dated 06/18/15. Treatment and diagnostics to date has included acupuncture, cognitive behavioral therapy, and medications. ODG guidelines, under the Pain Chapter, regarding Benzodiazepine has the following regarding insomnia treatments: "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 4 weeks". MTUS Guidelines under Benzodiazepines on page 24 states, "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". The patient has injuries from 1994 that included the bilateral upper extremities and neck. Per report 06-18-2015, the patient reported increased anxiety and depression. Objective findings noted the patient as being severely anxious and depressed as well. The patient has been prescribed Clonazepam since May of 2015 for her depressive disorder and panic disorder. While it is evident that the patient suffers from depression and anxiety, both MTUS and ODG guidelines do not support the long-term use of benzodiazepines. Hence, this request is not medically necessary.