

Case Number:	CM15-0162128		
Date Assigned:	08/28/2015	Date of Injury:	04/23/2001
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/18/2015

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 45-year-old male, who sustained an industrial injury on April 23, 2001 while working as a deliveryman. The mechanism of injury was a slip and fall while carrying beer kegs. The injured worker sustained a low back injury. The injured worker was also noted to have had an industrial injury in 2000. The diagnoses have included lumbar degenerative disc disease, low testosterone, drug-induced erectile dysfunction and restless leg syndrome. Treatment and evaluation to date has included medications, radiological studies, chiropractic treatments, testosterone supplementation, B12 injections, cervical spine fusion, lumbar spine fusion and three right hip surgeries. A current work status was not found in the medical records. Current documentation dated July 7, 2015 notes that the injured worker reported gimping on the right leg, causing left first toe metatarsophalangeal joint hypertrophy and arthritis. Objective findings did not include a physical examination. Medications included Cialis, Depo-testosterone, Norco and Klonopin. The medications were noted to increase the injured workers mobility and daily activities. The treating physician's plan of care included a request for Clonazepam 1 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Clonazepam 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Benzodiazepine.

Decision rationale: The 45-year-old patient presents with back pain, restless leg syndrome, testosterone deficiency, and erectile dysfunction, as per progress report dated 07/07/15. The request is for 1 prescription of Clonazepam #30. The RFA for this case is dated 07/07/15, and the patient's date of injury is 04/23/01. The patient has been diagnosed with degenerative disc disease, as per progress report dated 07/07/15. The patient is status post L4-S1 fusion in 2003, status post right hip ORIF in 2002, and status post C5-6 fusion in 2006. Medications included Norco, Klonopin, Cialis and Depo-testosterone. The reports do not document the patient's work status. The MTUS Chronic Pain Medical Treatment Guidelines 2009 page 24 and Benzodiazepines section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines, Pain (chronic) chapter under Benzodiazepine states: 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. In this case, a prescription for Clonazepam is first noted in progress report dated 02/05/10. It is not clear when the medication was initiated. In progress report dated 07/07/15, the treater states medications are "working well to increase his mobility and daily activities." However, none of the recent reports documents any anxiety or insomnia for which the medication is indicated. The treater does not explain the purpose of this medication nor does the treater document its efficacy. Additionally, both MTUS and ODG guidelines do not support the long-term use of Clonazepam. Hence, the request is not medically necessary.