

<b>Case Number:</b>	CM15-0180877		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/07/1991
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 67 year old female, who sustained an industrial injury on November 7, 1991. Medical records indicate that the injured worker is undergoing treatment for fibromyalgia, chronic low back pain, lumbar degenerative disc disease, facet arthropathy, sacroilitis, trochanteric bursitis, piriformis syndrome, anxiety, cognitive disorder and major depression. The injured worker was noted to be totally disabled. Current documentation dated August 18, 2015 notes that the injured worker had continued anxiety, depression and chronic pain. The injured worker reported diminished energy, anger, depression, impaired concentration, low self-esteem, panic attacks, sleep disturbance and social withdrawal. The injured worker was noted to be physically uncomfortable, anxious and depressed. The injured worker was also noted to have impaired concentration. The referenced documentation was handwritten and difficult to decipher. Documented treatment and evaluation to date has included medications and psychotherapy. Current medications include Welbutrin, Lexapro and Clonazepam (since at least November of 2013). Current requested treatments include a request for Clonazepam 5 mg # 30 with 2 refills. The Utilization Review documentation dated August 31, 2015 non-certified the request for Clonazepam 5 mg # 30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 5mg, #30 with 2 refills: 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 rationale:** Per the guidelines, benzodiazepenes 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MD visit does not document any significant improvement in pain or functional status or a discussion of side effects specifically related to valium to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the records do not document medical necessity. Therefore, the request is not medically necessary.