

Case Number:	CM15-0181650		
Date Assigned:	09/22/2015	Date of Injury:	07/17/2005
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on 7-17-2005. The medical records indicate that the injured worker is undergoing treatment for post lumbar laminectomy syndrome, lumbar radiculopathy, chronic pain syndrome, major depressive disorder, and generalized anxiety disorder. According to the progress report dated 9-1-2015, the injured worker presented with complaints of low back pain with intermittent radiation into his bilateral lower extremities to the level of his thigh, associated with numbness and weakness in the right leg. The pain is described as constant, aching, sharp, and shooting. On a subjective pain scale, he rates his pain 6 out of 10 with medications and 9 out of 10 without. The physical examination of the lumbar spine reveals slowed ambulation, moderate pain with extension, normal motor strength of the bilateral lower extremities and positive straight leg raise test bilaterally. On the PR-2 dated 8-11-2015, the injured worker presented with a depressed mood, associated with neurovegetative depressive symptoms. Objective findings included slow and monotone speech, expressing intrusive worries, and constricted range of affect. The current medications are Soma, Norco, Gabapentin, Clonazepam, Cymbalta, and Lunesta. There is documentation of ongoing treatment with Clonazepam since at least 4-6-2015. Treatments to date include medication management, physical therapy, home exercise program, spinal cord stimulator trial, psychotherapy, and surgical intervention. Work status is described as permanent and stationary. The original utilization review (9-3-2015) partially approved a request for Clonazepam 0.5mg until discontinued (original request was for 1mg #30) to allow for a taper protocol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam tab 1mg Days 30 Qty 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 rationale: The claimant has a remote history of a work injury occurring in July 2005 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome with secondary depression and anxiety. When seen, he was having low back pain with intermittent lower extremity radiating symptoms. Physical examination findings included positive right straight leg raising. There was pain with lumbar extension. He had a slow gait and was using a cane. There was normal lower extremity strength. Clonazepam was being prescribed by his psychiatrist. When seen by this provider, he was continuing to receive psychotherapy therapy treatments. There was a constricted range of affect with intrusive worries and hoarse, slow, and monotone speech. Klonopin (clonazepam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.