

Case Number:	CM15-0183292		
Date Assigned:	09/24/2015	Date of Injury:	07/23/2004
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 55 year old male who sustained an industrial injury on 07-23-2004. According to a progress report dated 07-28-2015, the injured worker was being treated for back pain due to degenerative joint and disk disease, status post lumbar laminectomy and fusion. He continued to have a lot of radiating pain particularly into his left greater than right lower extremity. Pain radiated into his bilateral legs, left greater than right and was burning in nature, radiating into the lateral aspect of his left leg into the anterior and medial portion of his calf. A caudal epidural was not authorized. His medication regimen included Morphine Sulfate immediate release up to 3 times a day as needed for pain, Clonazepam 1 mg twice a day, Amitriptyline 150 mg at night. The provider noted that medications helped control his pain and help him function better. He could work around the house and his yard with less pain. He denied any specific side effects. He had discontinued Venlafaxine. He had an increase in his mood irritability and anxiousness and was inquiring about going back on "that". The provider noted that the injured worker was doing relatively well with his current medication management but was still having what sounded very suspicious for residual radicular pain and well as some increased irritability after discontinuing his Venlafaxine "likely due to anxiety and possible some chronic depression from his chronic pain situation". The treatment plan included refill medications, add Effexor XR 150 mg twice a day, MRI of the lumbar spine. Work status was not discussed in this report. An authorization request dated 08-03-2015 was submitted for review. The requested services included Amitriptyline 150 mg #30 with 3 refills and Clonazepam 1 mg #60 one twice a day as needed with 3 refills. Documentation shows use of Klonopin (Clonazepam) dating back to February 2015. On 08-17-2015, Utilization Review modified the request for Clonazepam 1 mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #60 with 3 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 MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "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 documentation submitted for review indicates that the injured worker has been using this medication since at least 2/2015. As the treatment is not recommended for long term use, the request is not medically necessary. Furthermore, the request for 4 month supply is not medically necessary or appropriate.