MAXIMUS Federal Services

Case Number:	CM15-0183564		
Date Assigned:	09/24/2015	Date of Injury:	04/16/2001
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/18/2015

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 41 year old male who sustained an industrial injury on 4-16-01. The injured worker reported pain in the back and left lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for lower limb weakness and pain following fall, hip-groin pain following fall, right shoulder contusion, rotator cuff strain sprain, and chronic pain syndrome. Medical records dated 8-25-15 indicate pain rated at 6 to 7 out of 10. Provider documentation dated 8-25-15 noted the work status as permanent and stationary. Treatment has included bracing, thoracic spine magnetic resonance imaging (7-27-12), Morphine Sulphate since at least April of 2015, Celebrex since at least April of 2015, Cymbalta since at least April of 2015, Wellbutrin since at least April of 2015, Klonopin since at least April of 2015, Lyrica since at least April of 2015, Topamax since at least April of 2015, Nortriptyline since at least April of 2015, Tramadol, Hydrocodone, Ibuprofen and Naproxen. Objective findings dated 8-25-15 were notable for left antalgic wide stance, hip pain with abduction, paraspinal spasms and tenderness to the lumbar paraspinals, decreased sensations to the left foot. The treating physician indicates that the urine drug testing result (7-18-14) showed no aberration. The original utilization review (9-16-15) partially approved a request for Clonazepam 2 milligrams quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2 MG #90: 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: Based on the 8/24/15 progress report provided by the treating physician, this patient presents with continuous, severe back and left leg pain, and left knee pain rated 6-7/10 with medications and 10/10 without medications on VAS scale. The treater has asked for Clonazepam 2 MG #90 on 8/24/15. The patient's diagnosis per request for authorization dated 8/24/15 is mood disorder due to medical condition. The patient continues to report severe gait instability since his fall on 4/16/15 per 7/28/15 report. The patient has a history of unspecified back surgery, left foot drop, and chronic severe pain per 5/28/15 report. The patient continues to complain of reduced libido, although a recent testosterone test returned with normal levels per 8/24/15 report. The patient's work status is permanent and stationary per 8/24/15 report. MTUS, Benzodiazepines Section, 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." Treater does not specifically discuss this medication. The patient has been prescribed Clonazepam since at least 1/13/15, and in reports dated 4/2/15, 5/28/15, and 8/24/15. The patient continues with back pain and leg/knee pain. However, guidelines limit use of benzodiazepines to no longer than 4 weeks due to unproven efficacy and risk of psychological and physical dependence. In this case, the request for additional Clonazepam #90 does not indicate intended short term use and exceeds guideline recommendations. Therefore, the request is not medically necessary.