

Case Number:	CM15-0188984		
Date Assigned:	09/30/2015	Date of Injury:	10/04/2010
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/25/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 48 year old male who sustained an industrial injury on 10-4-10. He is currently not working. The medical records indicate that the injured worker is being treated for lumbar radiculopathy; right shoulder derangement; right shoulder surgery (2009); left shoulder pain; central disc protrusions at C5, C6, C7; cervical degenerative disc disease; cervical facet arthropathy; cervical sprain-strain; central disc protrusion at L4, L5, S1; lumbar facet arthropathy; lumbar sprain-strain; depression; diabetes. He currently (8-25-15) complains of bilateral neck pain radiating into the bilateral shoulders, bilateral biceps, bilateral radial forearms and bilateral hands with numbness and paresthesia. On physical exam there was tenderness on palpation of the right shoulder and thoracic, cervical and lumbar paraspinal muscles. There was decreased range of motion of the right shoulder, cervical, thoracic and lumbar spine. The 6-29-15 note indicates that he has symptoms of a mood disorder with features of both major depression and hypomania and include persistently depressed mood, inability to gain pleasure from activities, sleep and appetite disturbances, low self-esteem, difficulty concentrating, low energy, lethargy, fatigue, irritability, history of suicidal ideation. His current (8-25-15) medications are Nuvigil, Ambien, Zoloft, Latuda, Xanax, Percocet, MSER. His prior medications were hyoscyamine, Donnatal, gabapentin, Clonazepam, Cialis, Intermezzo, Zofran, Xanax, Lyrica, Remeron, phentermine, Oxycodone, Fentanyl patch, Effexor, MS Contin, Latuda, bupropion, lorazepam, Abilify, Darvocet, Percocet, Seroquel, Butrans patch. The 3-23-15 note indicates that alprazolam is replacing the prior clonazepam prescription (the duration of clonazepam was not present). The request for authorization was not present. On 9-21-15 Utilization Review non-certified the request for clonazepam 1mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1 mg #60 with 1 refill: 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 California chronic pain medical treatment guidelines section on benzodiazepines states: 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. A more appropriate treatment for anxiety disorder is an anti-depressant. Tolerance to anti-convulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason, the request is not medically necessary.