

Case Number:	CM15-0191276		
Date Assigned:	10/05/2015	Date of Injury:	02/06/2011
Decision Date:	11/25/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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, Tennessee

Certification(s)/Specialty: Emergency 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 31 year old, male who sustained a work related injury on 2-6-11. A review of the medical records shows he is being treated for anxiety and depression. Current medications include Bupropion, Mirtazapine and Clonazepam. He has been taking Clonazepam since at least 3-2015. In the progress notes, the injured worker reports moderate depression and slight to moderate anxiety. Objective findings dated 5-8-15; he has depression and sleeping difficulties. He is not working. The treatment plan includes medication refills. In the Utilization Review dated 9-1-15, the requested treatment of Clonazepam 1mg. #30 with 2 refills is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #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: Clonazepam is a benzodiazepine. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. Clonazepam is used in the treatment of seizures and is also approved by the FDA for treatment of panic disorder and is used to treat other types of anxiety disorders. In this case, the patient has been diagnosed with major depressive disorder. The patient has been using clonazepam since at least April 2015 and there is no documentation of improvement. There is no medical indication for the use of clonazepam. Clonazepam is not recommended. The request is not medically necessary.