

<b>Case Number:</b>	CM15-0193279		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/02/2000
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 64 year old male, who sustained an industrial injury on 07-02-2000. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for post-surgical cervical spine fusion pain, post-surgical lumbar spine fusion surgery, post-surgical right knee pain, stress, generalized anxiety and major depressive disorder. Medical records (08-06-2015) indicate ongoing depressive and anxiety symptoms. Records also indicate increased interest in daily activities, decreasing depression and anxiety, and improved sleep due to medications. Per the treating physician's progress report (PR), the IW has not returned to work. The psychiatric exam, dated 08-06-2015, reported psychological symptoms of headaches, teeth grinding, hair loss, post-concussion reaction, neck, shoulder and back muscle tension and pain, nausea, shortness of breath, palpitations, abdominal pain and chronic fatigue. There were also reports of depressive mental disorder, with damaged self-esteem, emotional withdrawal and mistrust, psychological fatigue, mental confusion, and cognitive impairment. The report also states: "Despite improvement, the IW remains symptomatic with residuals requiring further treatment." Relevant treatments have included physical therapy (PT), work restrictions, and medications. Per the psychiatric exam (08-06-2015), current medications include Lexapro, Alprazolam, Neurontin, and Ambien. There was no mention of clonazepam in the most recent psychiatric report. The request for authorization was not available for review; however, the utilization review letter stated that the following medication was requested: clonazepam 0.5mg (unknown quantity). The original utilization review (09-08-2015) partially approved the request for clonazepam 0.5mg (unknown quantity) which was modified to a quantity of #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg (Quantity Unknown): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary Online Version, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** MTUS states Benzodiazepines are 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. The injured worker suffers from chronic pain secondary to industrial injury and carries psychiatric diagnosis of generalized anxiety and major depressive disorder. Upon review of the Primary Treating Physicians' Progress Reports, he has been prescribed Clonazepam 0.5 mg on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. However, the guidelines recommend weaning of this medication to avoid any withdrawal related problems. The request for Clonazepam 0.5 mg does not specify quantity and thus is not medically necessary. However, it is to be noted that the UR physician authorized #30 tablets of Clonazepam for safe taper.