

Case Number:	CM15-0195380		
Date Assigned:	10/09/2015	Date of Injury:	01/18/2006
Decision Date:	11/23/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This is a 48 year old male with a date of injury of January 18, 2006. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, and pain disorder associated with both psychological factors and general medical condition. Medical records dated August 12, 2015 indicate that the injured worker complained of continued symptoms associated with the listed diagnoses. The physical exam reveals A Beck Depression Inventory score of 30 indicating he has remained substantially depressed, and Sleep Questionnaire score of 33 suggesting sleep has remained very poor, a Wahler Physical Symptoms Inventory score of 8 suggesting the injured worker was experiencing 80% more physical symptoms than other subjects of comparable age, a Beck Anxiety Inventory score of 19 suggesting mild anxiety, and a Self-Administered Pain Questionnaire showing pain rated at a level of 7 to 10 out of 10 and irritability rated at a level of 8 to 10 out of 10 with increased pain. Treatment has included medications (Lexapro40mg, Pristiq 100mg, Nuvigil, Lunesta, Seroquel, Oxycodone, and Flector patches) and treatment for the injured worker's physical complaints. The original utilization review (September 1, 2015) non-certified a request for Clonazepam 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #60, no refills: Upheld

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

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

Decision rationale: The patient presents on 08/12/15 with unspecified pain and depression. The patient's date of injury is 01/18/06. The request is for Clonazepam 1mg #60, no refills. The RFA was not provided. Progress note dated 08/12/15 does not include a comprehensive physical examination. The patient is currently prescribed Lexapro, Pristiq, Nuvigil, Lunesta, Seroquel, Oxycodone, and Flector patches. Patient is currently not working. MTUS Guidelines, 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." In regard to the request for Clonazepam, the requesting provider has exceeded recommended duration of therapy for this class of medications. This appears to be the initiating prescription of this medication, as it is not listed as active at the time of the associated progress report. MTUS guidelines do not support the use of this class of medications for long term use owing to risk of dependence and loss of efficacy over time. While this patient presents with multiple chronic pain complaints and depression, 60 tablets does not imply the intent to limit this medication to 4 weeks use, exceeding guideline recommendations. Therefore, the request is not medically necessary.