

Case Number:	CM15-0203086		
Date Assigned:	10/19/2015	Date of Injury:	12/08/2005
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/15/2015

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, 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 54 year old male, who sustained an industrial injury on 12-8-05. The documentation on 9-18-15 noted that injured worker has complaints of increased cervical spine and lumbar spine pain. The documentation noted that the injured worker notes no help at all with clonazepam and wants something for his muscle spasms, feels that this has helped his spasms in the past and he wants to be back on opna. The injured worker has severe weakness 2- 3 out of 5 of hands in C8-T1 distribution; mild weakness of C7 triceps and C5-6 wrist flexion and shoulder flexion. The diagnoses have included mononeuritis multiplex; ulnar nerve lesion (left); carpal tunnel syndrome (left); cervical post laminectomy syndrome and spinal cord injury without spinal bone injury, likely central cord syndrome. Treatment to date has included physical therapy; home exercise program; cervical fusion 12-21-11 and lumbar fusion 6-28-11. The injured workers current medications are listed as lyrica; clonazepam; cavedilol; diltiazepam; fosinipril; HCTZ; pravastatin and prilosec. The original utilization review (9-30-15) non- certified the request for clonazepam 2mg day supply 30 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2mg day supply 30 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Benzodiazepines.

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

Decision rationale: CA MTUS Guidelines do not support the chronic use of benzodiazepines like Clonazepam. They are not recommended for long-term use. In this case, the patient has a known problem with substance/alcohol abuse and doubling his dosage of Clonazepam is likely to cause further dependence and increase his risk of overdose. The patient was recently admitted to the ICU (8/24/15) for alcohol poisoning. There is also a danger of tolerance to the medication due to decrease efficacy, which appears to be the rationale from increasing his dose from 1 mg bid to 2 mg bid. The plan to double the patient's Clonazepam is ill-advised and further increases his risk for overdose and potentially lethal consequences. Therefore, the request is not medically necessary or appropriate.