

Case Number:	CM15-0206650		
Date Assigned:	10/23/2015	Date of Injury:	12/16/2005
Decision Date:	12/04/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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: Florida

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 46 year old female who sustained an industrial injury on 1-16-2005. A review of the medical records indicated that the injured worker is undergoing treatment for low back pain and post laminectomy syndrome. The injured worker is status post lumbar laminectomy (approximately in 2008 or 2009). According to the treating physician's progress report on 08-03-2015 and 09-04-2015, the injured worker continues to experience low back pain radiating into the left gluteal area and left lower extremity rated as 5-8 out of 10 on the pain scale. Examination demonstrated tenderness to palpation over the lumbar region, decreased sensation at the L5 and S1 dermatome distribution, greater on the left with restricted range of motion at forward flexion, extension, lateral flexion and rotation. Positive straight leg raise was noted on the left. The injured worker has difficulty sitting and was noted to pace the examination room. An official lumbar magnetic resonance imaging (MRI) performed on 09-04-2015 was included in the medical review. Prior treatments have included diagnostic testing, surgery, physical therapy, Toradol intramuscularly injections and oral medications. Current medications were listed as Opana, Naprelan and Primlev. Treatment plan consists of electrodiagnostic studies, left lumbar transforaminal epidural steroid injection and the current request for Clonazepam (unspecified dosage and quantity). On 09-30-2015, the Utilization Review determined the request for Clonazepam was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam: 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: In accordance with the California MTUS guidelines, 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. The guidelines go on to state that, 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. Likewise, this request for Clonazepam is not medically necessary.