

Case Number:	CM15-0024870		
Date Assigned:	02/17/2015	Date of Injury:	02/26/2005
Decision Date:	03/26/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 47 year old male, who sustained an industrial injury on February 26, 2005. The diagnoses have included lumbosacral neuritis. Treatment to date has included medication and aqua therapy. Currently, the injured worker complains of continuous low back pain, depression and anxiety. He rated his depression a 5-6 on a 10 point scale and felt the depression stemmed from his chronic pain and concern for the future. The injured worker reported no improvement in his low back pain yet felt that his aqua therapy was helpful. On January 5, 2015 Utilization Review modified a request for clonazepam 0.5mg #90, noting that weaning was recommended if the medication use had exceeded two weeks. The Official Disability Guidelines was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of clonazepam 0.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg # 90 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: 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. (Baillargeon, 2003) (Ashton, 2005) The requested medication is not recommended for long term use over 4 weeks duration. The medication is being used as a treatment for anxiety. There is no documentation of failure of first line agent recommended for long term treatment of anxiety. Therefore the request is not certified due to the reasons as outline above.