

Case Number:	CM15-0221450		
Date Assigned:	11/17/2015	Date of Injury:	08/08/1997
Decision Date:	12/24/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 77 year old male-female, who sustained an industrial-work injury on 8-8-97. The injured worker was diagnosed as having lumbar postlaminectomy syndrome. Treatment to date has included medication: Tylenol ES, Norco, clonazepam (used since 8-8-13), Hydrocodone-Ibuprofen, Naproxen, Opana ER, Lyrica, and Effexor; diagnostics and surgery (fusion at L2-3, right shoulder surgery, foot surgery). Currently, the injured worker complains of persistent radicular pain from low back into the legs, especially the right leg with difficulty with ambulation necessitating use of wheelchair assistance. Pain was described as constant, aching, sharp, throbbing, shooting, and burning and rated 6-10 out of 10. There was numbness to both thighs with pins and needles sensation. Per the primary physician's progress report (PR-2) on 8-26-15, exam noted limited range of motion, symmetric bulk, tone, and strength, diminished sensation to light touch on the bilateral thighs and left foot, patellar reflexes were 0 on right and 1+ on left and 0 Achilles. There was also some plantar fasciitis. The Request for Authorization requested service to include Clonazepam 0.5mg tablet #30. The Utilization Review on 10-12-15 denied the request for Clonazepam 0.5mg tablet #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg tablet #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

Decision rationale: The claimant has a remote history of a work injury in August 1997 and is being treated for chronic pain including a diagnosis of lumbar post-laminectomy syndrome with a history of a multilevel lumbar fusion. When seen, she was taking Lyrica with benefit. She was requesting a refill of clonazepam, which she was occasionally taking at bedtime. She was having back and bilateral foot pain with numbness and pins and needles sensations. Pain was rated at 5/10. Physical examination findings included decreased and painful lumbar range of motion. Straight leg raising was positive bilaterally. There was lumbar and bilateral posterior superior iliac spine tenderness. There was an antalgic and slightly wide based gait. Medications were refilled. Clonazepam is a benzodiazepine, which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.