

<b>Case Number:</b>	CM15-0030867		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	05/15/1996
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 56 year old male sustained an industrial injury on 5/15/96, with subsequent ongoing back, neck, knee and ankle pain. Magnetic resonance imaging lumbar spine (8/4/08) showed loss of disc space with disc protrusion or herniation. The injured worker underwent multiple knee surgeries, bilateral rotator cuff repairs and bilateral carpal tunnel release. The injured worker was currently being treated for chronic pain to multiple body parts. In a PR-2 dated 1/19/15, the injured worker complained of pain to the mid and low back, neck, knee and bilateral legs, rated 6-9/10 on the visual analog scale. The injured worker reported having a recent fall associated with increased pain and decreased functional capacity with decreased ability to ambulate. The physician noted that the injured worker had not been functioning well at all. The injured worker had difficulty getting on and off the exam table and getting in and out of the chair. Physical exam was remarkable for muscle strength 4-5/10, tenderness to palpation of the left sacroiliac joint, lumbar spine with decreased range of motion, tenderness to palpation, pain with rotational extension, secondary myofascial pain with triggering, spasm, positive Faber's and decreased strength to the left leg. The treatment plan included reinstatement of home health care, ankle x-rays and medication refills (Celebrex, Clonazepam, Docusate, Ffentanyl, Gabapentin, Lorazepam, Lunesta, Omeprazole, Percocet, Prestiq and Tamsulosin). On 2/4/15, Utilization Review modified a request for Clonazepam 0.5mg #90 with 3 refills to Clonazepam 0.5mg #84 between 1/22/15 and 6/2/15, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 25.

**Decision rationale:** According to MTUS guidelines, “Benzodiazepines (including Clonazepam). 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)” There is no recent documentation of insomnia. Therefore, the request for Clonazepam 0.5mg #90 with 3 refills is not medically necessary.