

Case Number:	CM15-0035978		
Date Assigned:	03/04/2015	Date of Injury:	05/02/1997
Decision Date:	04/15/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained a work/ industrial cumulative injury on 5/2/97 while standing as a cashier. She has reported symptoms of mechanical lower back pain and neck pain. Prior medical history was not documented. The diagnoses have included multilevel degenerative disc disease. Treatments to date included medication that included Clonazepam, baclofen, Trazodone, Hydrocodone, and Duragesic patch. The treating physician's report (PR-2) from 11/24/14 indicated the injured worker was being followed for pain management. Symptoms were chronic mechanical lower back pain as well as multilevel degenerative disc disease in her neck. Pain level was 7-8/10. A request was made for weaning of the Klonopin (Clonazepam). On 1/23/15, Utilization Review modified Clonazepam 0.5 mg #30, this refill only, for the purpose of continued weaning at the requesting physician's discretion over a weaning period of 2-3 months, noting the Non- MTUS, ACOEM: Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5 mg #30, this refill only, for the purpose of continued weaning at the requesting physician's discretion over a weaning period of 2-3 months: Overturned

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

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

Decision rationale: This patient presents with chronic mechanical low back pain with multilevel degenerative disc disease in the neck. According to the utilization review letter, the treater requested Clonazepam 0.5mg #90 and the request was certified with modification to #30 by the utilization review letter dated 08/18/14. The current request is for CLONAZEPAM 0.5 mg #30, this refill only, for the purpose of continued weaning at the requesting physician's discretion over a weaning period of 2-3 months on 01/15/15. The current request was certified by the utilization review letter dated 01/23/15 to allow for this one refill of Clonazepam 0.5 mg #30. MTUS guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Review of reports does not show how long the patient has been on this medication but it was listed as current medication as early as 07/28/14. Per 11/24/14 report, the treater decreased Klonopin to night use only and daily intake quantity has been decreased to 2 from 3. Although the guidelines state that the Benzodiazepines run the risk of dependence and not recommended for long-term use, the treater is slowly weaning the patient off the medication. The request IS medically necessary.