

Case Number:	CM15-0038783		
Date Assigned:	03/09/2015	Date of Injury:	06/06/2005
Decision Date:	04/16/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii
 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 58 year old male who sustained an industrial injury on 06/06/2005. Current diagnoses include post-laminectomy syndrome-lumbar spine, chronic pain syndrome, cervicgia, myalgia and myositis, other pain disorders related to psychological factors, spasm of muscle, pain in joint-multiple sites, unspecified inflammatory and toxic neuropathy, malignant neoplasm of kidney, and major depressive disorder. Previous treatments included medication management. Report dated 02/18/2015 noted that the injured worker presented with complaints that included back and neck pain. Physical examination was positive for abnormal findings. The requested treatment includes clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam tab 1mg, QTY: 75, Day Supply: 25 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

Decision rationale: The patient presents with back and neck pain. The current request is for Clonazepam tab 1 mg, qty. 75, day supply: 25 with 1 refill. The treating physician states that the patient reports things are "terrible" and he can't get any of the meds prescribed by [REDACTED]. The MTUS guidelines state that 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. 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". In this case, the treating physician gives a starting date for clonazepam as 3/11/2014. There is no evidence provided that would support the ongoing treatment of this patient with benzodiazepines, as they are not recommended in general for longer than four weeks. The guidelines support an antidepressant to treat anxiety disorder. The current request is not medically necessary and the recommendation is for denial.