

Case Number:	CM15-0045946		
Date Assigned:	03/18/2015	Date of Injury:	07/23/2008
Decision Date:	04/17/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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(n) 65 year old male, who sustained an industrial injury on 7/23/08. He reported blunt-head trauma, concussion and neck sprain related to a motor vehicle accident. The injured worker was diagnosed as having headaches, anxiety, depression and post traumatic stress disorder. Treatment to date has included brain MRI, psychiatric treatments and oral medications. As of the PR2 dated 2/11/15, the injured worker reports getting bothered by something if he gets exhausted, but denies trouble with appetite or sleeping. The treating physician requested Clonazepam 0.5mg #180, he asked the injured worker to reduce the dose to half a tablet for a week with plans to discontinue the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg QTY: 180 for 90 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient is a 65 year old male with an injury on 07/23/2008. Clonazepam is a benzodiazepine. Benzodiazepines are not recommended treatment as noted in MTUS, Chronic Pain guidelines. Tolerance with long-term use occurs and it is addicting. I agree with weaning the patient and 180 tablets over 90 days is not needed to wean this patient.