

Case Number:	CM15-0051736		
Date Assigned:	03/25/2015	Date of Injury:	05/08/2004
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/18/2015

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:

The injured worker is a 49 year old female, who sustained an industrial injury on 05/08/2004. She has reported injury to the lumbar spine and right knee. The diagnoses have included right knee pain/joint pain; lumbago; and status post right knee arthroscopic surgery. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Soma, Klonopin, and Ibuprofen. A progress note from the treating physician, dated 01/28/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of continued right knee pain rated at 7-9/10 on the visual analog scale. Objective findings included severe tenderness to the lumbar spine at L4-L5; and severe tenderness to the right knee with slight swelling. The treatment plan has included continuing home exercise to tolerance; and the request for Clonazepam 1 mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications Page(s): 24; 124.

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. There is no documentation of functional improvement with previous use of Benzodiazepines. Therefore, the request for Clonazepam 1mg #90 is not medically necessary.