

Case Number:	CM15-0083565		
Date Assigned:	05/08/2015	Date of Injury:	05/16/2007
Decision Date:	06/05/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 56-year-old female, with a reported date of injury of 05/16/2007. The diagnoses include status post lumbar spine posterior spinal fusion with hardware removal, left knee medial compartment osteoarthritis, and lumbar spine sprain/strain. Treatments to date have included oral medications, and Hyalgan injection to the left knee. The orthopedic consultation report dated 08/25/2014 indicates that the injured worker complained of low back pain with radiation to the right buttock and right hip. She also continued to have left knee pain. The objective findings include a mildly antalgic gait, patellofemoral crepitation about the left knee, full range of motion of the left knee, trace effusion, and diffuse tenderness to palpation of the medial and lateral compartment. There was no documentation of a seizure disorder, anxiety, or panic disorder. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Clonazepam 2mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam tab 2mg day supply sixty quantity 60 refills: 00 RX date 03/23/2015: 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): 22.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: 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). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety in the provided documentation. For this reason the request is not medically necessary.