

<b>Case Number:</b>	CM15-0086639		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	12/23/2006
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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, Alabama, 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 44 year old female, who sustained an industrial injury on 12/23/06. She has reported initial complaints of a slip and twist fall injury. The diagnoses have included low back pain, right hip pain and right trochanteric bursitis. Treatment to date has included medications, chiropractic, physical therapy, diagnostics, injections, home exercise program (HEP) and Functional Restoration Program. Currently, as per the physician progress note dated 4/6/15, the injured worker has finished the [REDACTED]. She reports that it was well worth the while and effort. She is planning to return to work if she is able to do her home exercise program (HEP) with her equipment. She still complains of pain in the right hip that radiates down the right leg and reports that the pain is worse if she does not do her home exercise program (HEP). The current medications control the pain. The current medications included Gabapentin, Cymbalta, Clonazepam and Butrans patch topically. There is no urine drug screen reports noted in the records. The objective findings reveal that she transfers from sitting position in a chair with some stiffness and guarding and ambulates with stiffness. She has functional range of motion of the lower extremities with 4-5/5 strength and decreased sensation to touch on right to left. She has limited range of motion in the back in all directions with tenderness to touch in the right lower lumbar region and hip. She is noted to have multiple trigger points in the right gluteal region. Work status is to remain off work until the next appointment. The physician requested treatment included Clonazepam 0.5mg #30 for anxiety due to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**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. Therefore, the request for Clonazepam 0.5mg #30 is not medically necessary.