

Case Number:	CM15-0087373		
Date Assigned:	05/11/2015	Date of Injury:	08/08/1997
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/06/2015

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 76 year old female who sustained an industrial injury on 08/08/1997. Current diagnosis includes post-laminectomy syndrome, lumbar region. Previous treatments included medication management. Report dated 02/04/2015 noted that the injured worker presented for medication management, noting that she is improved and although continuing with pain appears more active and walking with improved less antalgic gait. Back pain was described as aching and throbbing, occurring constantly, with bilateral thigh numbness and pins and needles in both feet. Pain level was 5 out of 10 (currently) and 4 out of 10 (over the last week) on a visual analog scale (VAS). It was documented that the medications relieve the pain by 50%. PHQ-9 depression index was administered and scored indicating mild depressive symptoms. Physical examination was negative for physical findings, but the injured worker did state that she was having difficulty concentrating and feeling depressed. The treatment plan included reviewing and reconciling medication, prescriptions were renewed, and follow up as necessary. Disputed treatments include clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, 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) In this case, the patient has been taking Clonazepam since December 2014 without any evidence of significant improvement of symptoms. Therefore, the request for Clonazepam 0.5 mg #90 is not medically necessary.