

Case Number:	CM15-0089256		
Date Assigned:	05/13/2015	Date of Injury:	05/15/1996
Decision Date:	06/22/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 56 year old male with a May 15, 1996 date of injury. A progress note dated May 4, 2015 documents subjective findings (lower back stiffness and pain; upper back pain; right and left leg pain; pain is rated at a level of 9/10 and 8/10; cervical pain rated at a level of 4/10; bilateral knee pain rated at a level of 8/10 and 8-9/10; left leg pain and swelling rated at a level of 7-8/10), objective findings (difficulty getting on and off the exam table and in and out of a chair; decreased muscle strength of the bilateral quadriceps and bilateral hip flexors; decreased internal and external rotation with pain of the right knee; pain to palpation over the lumbar spine; pain with range of motion of the lumbar spine), and current diagnoses (lumbalgia; thoracic spine compression fracture; lumbar spine disc herniation; possible chronic regional pain syndrome; failed total knee arthroplasty). Treatments to date have included medications, right total knee arthroplasty, ganglion block, spinal cord stimulator trial, and sacroiliac joint injection. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included 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, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress: Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications like Clonazepam, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary.