

Case Number:	CM15-0089319		
Date Assigned:	05/13/2015	Date of Injury:	05/08/2004
Decision Date:	06/22/2015	UR Denial Date:	04/27/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 (IW) is a 49-year-old female who sustained an industrial injury to the right knee on 05/08/2004. Diagnoses include status post right knee arthroscopic surgery and reflex sympathetic dystrophy of the right side. Treatments to date include medications, physical therapy and right knee arthroscopy. According to the progress report dated 3/25/15, the IW reported constant right knee pain sometimes 8, 9 or 10/10; rated 7 to 8/10 with medication. She stated she was unable to bend her right knee. A single point cane was used for ambulation. On examination, there was slight swelling and a temperature discrepancy between the right and left knee. There was severe tenderness throughout the right knee anteriorly, posteriorly and in the medial and lateral joint lines. Full range of motion was achieved with no crepitus noted. An MRI of the right knee on 3/6/15 showed significant patellofemoral osteoarthritis and mild patellar tendinopathy. A request was made for Clonazepam 1mg every 8 hours, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazapen 1mg 1 by mouth every 8 hours #90 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 24 of 127.

Decision rationale: Regarding the request for clonazepam, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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. 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." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In the absence of such documentation, the currently requested clonazepam is not medically necessary.