

Case Number:	CM14-0118486		
Date Assigned:	09/16/2014	Date of Injury:	10/04/1984
Decision Date:	10/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old female who reported injury on 10/04/1984 caused by an unspecified mechanism. The injured worker's treatment history included surgery, psychological evaluation, MRI studies, and medications. The injured worker was evaluated on 07/03/2014 and it was documented the injured worker complained of grinding sensation in the low back, especially with getting out of her chair. She had been using a spinal cord stimulator regularly to manage her pain and clonazepam for spasm and sleep. The injured worker performed directed stretching and exercise on a regular basis. Physical examination revealed there was marked tenderness over the sacroiliac joints, faber test was positive bilaterally, and restricted abduction and pelvic distraction all reproduce sacroiliac joint pain. The remaining lower extremity neurologic examination was normal. Diagnoses included failed back surgery syndrome, peripheral neuropathy, and spinal cord stimulator. Medications included Tizanidine and clonazepam. The Request for Authorization was for not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24..

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because 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. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. The guidelines do not recommend Clonazepam for long-term use. Duration of medication could not be determined with submitted documents. The request lacked frequency and duration of medication. As such, the request for Clonazepam 1 mg # 60 is not medically necessary.