

<b>Case Number:</b>	CM14-0124314		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Occupational 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 male who slipped and fell while walking around a pump at work on December 10, 2012. He had multiple musculoskeletal complaints including low back pain with radiculopathy and a positive straight leg raise test. He also has anxiety, insomnia, and depression. He reported burning pain in his stomach with history of blood in his stool, as well as constipation with use of opiates. He had a lumbar spine discectomy and lumbar spine fusion with implanted hardware. His creatinine is elevated at 1.42. For pain, he has undergone physical therapy and has taken opiates and benzodiazepines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 2mg qty #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker has anxiety, depression, and insomnia. Per Medical Treatment Utilization Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. 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; tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Therefore, the clonazepam is not considered medically necessary.

**Prevacid 30mg qty #56:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Although this injured worker has a history of burning stomach pain and blood in his stool, per Medical Treatment Utilization Guidelines, injured workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-selective non-steroidal anti-inflammatory drug with either a proton pump inhibitor misoprostol. This worker is on clonazepam and sertraline. There is no non-steroidal anti-inflammatory drug being prescribed; therefore, Prevacid is medically necessary.