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| Case Number: | CM14-0133529 | | |
| Date Assigned: | 08/27/2014 | Date of Injury: | 01/24/2005 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 08/08/2014 |
| Priority: | Standard | Application Received: | 08/21/2014 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 55-year-old female with a date of injury of 01/24/2005. The listed diagnoses per [REDACTED] are: 1. Cervical facet syndrome. 2. Lumbar facet syndrome. 3. Cervical radiculopathy. 4. Disk disorder, cervical. According to progress report 05/22/2014, the patient presents with neck and low back pain. The patient's pain level fluctuates depending on activity level and she reports she is taking her medications as prescribed and states they continue to reduce her pain level with minimal side effects. Current medication regimen includes clonazepam 0.5 mg, codeine sulfate 15 mg, lisinopril 5 mg, and metformin Hcl 500 mg. Examination of the cervical spine revealed decrease range of motion due to pain with tenderness noted at the paravertebral muscles. Examination of the lumbar spine revealed decreased range of motion and slight decrease in sensation in the left L5-S1 distribution. The treater is requesting a refill of clonazepam 0.5 mg #12. Utilization review denied the request on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: This patient presents with neck, low back, and shoulder complaints. The treater is requesting a refill of clonazepam 0.5 mg #12. The MTUS Guidelines page 24 states, "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. The range of action include sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant." This patient has been taking this medication since at least 07/11/2013. MTUS Guidelines are clear on long-term use of benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The request is not medically necessary.