MAXIMUS Federal Services

Case Number:	CM14-0143606		
Date Assigned:	09/12/2014	Date of Injury:	12/08/2001
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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 Family Medicine, has a subspecialty in 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:

This is a male patient who reported an industrial injury to the neck and upper extremity on 2/21/2011, over 3 years ago, attributed to the performance of his usual and customary job tasks. The patient is been treated with physical therapy, activity modifications, medications, acupuncture and reportedly has received an EpiPen allegedly due to having allergic reactions to prescribed medications. The patient complains of left shoulder and scapular as pain. The patient is prescribed Seroquel, Lyrica, acetaminophen; MiraLax; clonazepam; clonidine; Cymbalta; Percocet; and topiramate. The treating diagnoses included neuralgia; neuritis; radiculitis, shoulder and upper arm strain/sprain; chronic pain; and cervical radiculopathy. The patient was prescribed Clonazepam 0.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonzapam 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--medications for chronic pain; benzodiazepines

Decision rationale: KLONOPIN (Clonazepam) 0.5 mg #60 is prescribed for anxiety for the cited industrial injury is not demonstrated to be medically necessary. The PTP is prescribing Clonazepam as an adjunct in the treatment of chronic pain and anxiety. The prescription of Clonazepam/Klonopin is recommended for short-term use only. The PTP is prescribing it tid for anxiety, which is inconsistent with the recommendations of the CA MTUS and the Official Disability Guidelines. There is no demonstrated medical necessity for the prescription of Klonopin for the treatment of chronic pain or anxiety almost four (4) years after the DOI. Clonazepam is a benzodiazepine derivative with highly potent anticonvulsant, muscle relaxant, and anxiolytic properties. Clonazepam is sometimes used for refractory epilepsies; however, long-term prophylactic treatment of epilepsy has considerable limitations, the most notable ones being the loss of antiepileptic effects due to tolerance, which renders the drug useless with long-term use, and side-effects such as sedation, which is why clonazepam and benzodiazepines as a class should, in general, be prescribed only for the acute management of epilepsies. Clonazepam or diazepam has been found to be effective in the acute control of nonconvulsive status epilepticus. However, the benefits tended to be transient in many of the patients, and the addition of phenytoin for lasting control was required in these patients.Clonazepam has shown itself to be highly effective as a short-term (3 weeks) adjunct to SSRI treatment in obsessive-compulsive disorder and clinical depression in reducing SSRI side-effects with the combination being superior to SSRI treatment alone. The CA MTUS does not recommend Klonopin 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.The provider has used this medication for anxiety that is not demonstrated to a have a nexus to the cited mechanism of injury and benzodiazepines are not recommended for use by the applicable evidence based guidelines. The use of Klonopin for the treatment of insomnia or anxiety is not recommended by the applicable evidence based guidelines. The treating physician has documented an anxiety disorder; however has not documented an appropriate diagnosis for the prescription of Clonazepam; documented any functional improvement derived from Clonazepam; or demonstrated a medical necessity for Clonazepam. There is no demonstrated medical necessity for the prescription of benzodiazepines. The California MTUS does not recommend the use of benzodiazepines in the treatment of injured workers. There is no demonstrated medical necessity for the prescribed clonazepam 0.5 mg #60.