

<b>Case Number:</b>	CM14-0147293		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/04/1996
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 and 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 64-year-old female with a date of injury of 10/04/1996. The listed diagnoses per [REDACTED] are: 1. Chronic pain, NEC, 2. Depression. Treatment reports from 12/17/2013 through 07/29/2014 were reviewed. According to progress report 07/29/2014, the patient presents with anxious/fearful thoughts, depressed mood, difficulty falling asleep, difficulty staying asleep, fatigue, and poor concentration. The patient's medication includes Soma 350 mg, OxyContin 10 mg, Clonazepam, and Wellbutrin. It was noted pain medications are awaiting "third party authorization" and the patient feels she is unable to function without them. This is a request for Clonazepam 1 mg #90. Utilization Review denied the request on 08/20/2014

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 1mg #90, Take 1 By Mouth 3 Times A Day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Chronic Pain Medical Treatment Guidelines; Benzodiazepine.

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

**Decision rationale:** This patient presents with anxious/fearful thoughts, depressed mood, difficulty falling asleep, difficulty staying asleep, fatigue, and poor concentration. The treater is request a refill of Clonazepam 1mg #90. 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. 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." Review of the medical file indicates the patient was given a refill of clonazepam on 06/24/2014 and 07/29/2014. This medication is not intended for long term use and recommendation is for denial.