

Case Number:	CM14-0182321		
Date Assigned:	11/07/2014	Date of Injury:	05/06/1987
Decision Date:	12/15/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 6, 1987. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy, a cane; and anxiolytic medications. In a Utilization Review Report dated October 24, 2014, the claims administrator approved a request for Norco while denying a request for Clonazepam (Klonopin), a benzodiazepine anxiolytic. The applicant's attorney subsequently appealed. In an October 28, 2014 appeal letter, the applicant's treating provider stated that the applicant's medications were reportedly controlling his pain and allowing him to function. Clonazepam was not specifically discussed, however. On a November 4, 2014 progress note, the applicant reported ongoing complaints of low back pain, 3 to 10/10. It was stated that the Norco was beneficial. The applicant was using a cane and was still smoking, it was acknowledged. The applicant exhibited visibly antalgic gait with diminished lower extremity strength. Norco 10/325, #120, and Clonazepam 1 mg, #45, were endorsed. It was stated that Clonazepam was being employed for anti-spasmodic effect. The applicant was placed off of work, on total temporary disability for "one year," the attending provider noted. In an earlier note dated October 9, 2014, the applicant was again placed off of work, on total temporary disability. Prescriptions for Norco and Clonazepam were again endorsed. On August 14, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was asked to start Clonazepam as of this point in time, in conjunction with Norco. The applicant was asked to discontinue Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Benzodiazepines

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

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepine such as Clonazepam are "not recommended for long-term use" purposes, including for the antispasmodic effect for which Clonazepam was seemingly employed here. Most guidelines, page 24 of the MTUS Chronic Pain Medical Treatment Guidelines notes benzodiazepine use to four weeks. Here, however, the applicant has received Clonazepam for three separate visits over three separate months, implying that the attending provider and/or applicant are intent on using the same for long-term use purposes. Such usage, however, is incompatible with page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.