

Case Number:	CM14-0137706		
Date Assigned:	09/05/2014	Date of Injury:	03/02/2012
Decision Date:	05/21/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 40-year-old female who sustained an industrial injury on 03/02/2012. She reported pain in the right knee. The injured worker was diagnosed as having chronic pain due to trauma; chronic post op pain; and chronic regional pain syndrome. Treatment to date has included surgery, injections, use of a cane for walking, pain management with a pain care specialist, use of an implantable Dorsal Octad Column Stimulator, and use of oral medications for pain and associated symptoms of chronic pain. Currently, the injured worker complains of severe pain in her right leg, difficulty staying asleep due to pain, feelings of frustration due to pain and muscle cramps, and feeling blue all the time. The treatment plan includes use of the medication Clonazepam. The medication list includes Klonopin, Gralise (Gabapentin), Trazodone, Zanaflex and MS Contin. Per the doctor's note dated 7/14/14, patient had complaints of right knee pain at 7-9/10 with radiation. Physical examination revealed patient was in moderate distress, alert, oriented and had no sedation. A recent detailed clinical evaluation note of treating physician is not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1 mg, QTY: 90 Day Supply 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

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

Decision rationale: Clonazepam 1 mg, QTY: 90 Day Supply 30. Clonazepam is a benzodiazepine, an anti anxiety drug. According to MTUS Guidelines 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 actions 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 recent detailed clinical evaluation note of treating physician is not specified in the records provided. A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Clonazepam 1 mg, QTY: 90 Day Supply 30 is not fully established in this patient. Therefore, the request is not medically necessary.