

Case Number:	CM14-0196044		
Date Assigned:	12/04/2014	Date of Injury:	12/06/2007
Decision Date:	01/15/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Practice, 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 female who sustained a work related injury on 12/06/2007. The mechanism of injury is not provided. Per the Primary/Secondary Treating Physician's Progress Report dated 7/17/2014, the injured worker reported that her sciatica is acting up with radiation to the foot and groin and right foot swelling one half a shoe size larger. Physical Examination revealed global weakness, worse S1 distribution and a positive straight leg raise test at 30 degrees. Diagnosis was not provided. The plan of care included a request for a lumbar epidural steroid injection to the S1 root for radicular symptoms. Work Status was permanent and stationary. On 11/12/2014, Utilization Review non-certified a prescription for Clonazepam 0.5mg 1 every 8 hours as needed for spasms (#90) based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg 1 po q8 prn spasms #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines

Decision rationale: Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, the clinical notes do not support the use of Clonazepam. The length of prior use is unknown. The request for Clonazepam as requested above is not medically necessary.