

<b>Case Number:</b>	CM14-0210301		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/16/2003
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: California, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 is a 62y/o male with date of injury 10/16/03. The documentation submitted for review indicates that the patient was being treated for lumbar stenosis, lumbar disc disease with myelopathy, low back pain with radiculopathy, adjustment disorder with mixed anxiety/depressed mood, and primary insomnia. The patient complained of low back pain with numbness, cramping, and pain in the legs. He had stomach pain, neck pain, appetite changes, headaches, sexual problems, sleep disturbances, and emotional/cognitive symptoms. The patient showed concern about the medication that he was taking and developing a dependency on them. On 9/17/2014 it was documented the patient was currently taking Sertraline and Clonazepam. On 9/15/14 it was documented the patient was taking Norco 10/325mg, Morphine Sulfate 30mg, Neurontin 600mg, Omeprazole 20mg, Gemfibrozil 600mg, Benazepril 20mg, folic acid, Methotrexate 250mg, Temazepam 30mg, Singulair 10mg, Fluticasone Propionate nasal spray 50mcg, and Ondansetron HCL. Per psychological evaluation dated 9/17/14, the patient scored 15 on the Beck Anxiety Inventory, placing him in the mild-moderate range of anxiety. He scored 23 on the Beck Depression inventory placing him in the moderate range of depression. GAF was 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Clonazepam 0.5mg #30 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Clonazepam on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for 1 prescription of Clonazepam 0.5mg #30 with 2 refills i.e. 3 month supply is excessive and not medically necessary as the guideline recommend limiting the use of Benzodiazepines to 4 weeks.

**1 prescription of Temazepam 30mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Clonazepam on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for 1 prescription of Temazepam 30mg #30 with 2 refills i.e. 3 month supply is excessive and not medically necessary as the guideline recommend limiting the use of Benzodiazepines to 4 weeks.