

Case Number:	CM14-0213240		
Date Assigned:	01/12/2015	Date of Injury:	03/28/1998
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 patient with a date of injury of March 29, 1998. A utilization review determination dated December 5, 2014 recommends non-certification of clonazepam 0.5 mg #15 with 2 refills of #60. A progress note dated October 22, 2014 identifies subjective complaints of persistent symptoms of depression, anxiety, and stress related medical complaints arising from and an industrial stress injury to the psyche. The patient reports depression, changes in appetite, sleep disturbance, lack of motivation, weight gain, excessive worry, restlessness, tension, jumpiness, disturbing memories, fear that people are following her, and fear of being monitored. The patient reports improved concentration, increased interest in activities, less fatigue, less time in bed, less defensive, more stressful, less depressed, less nervous, and less hopeless. The physical examination reveals that the patient exhibits depressed facial expressions, is soft spoken, and has visible anxiety. There are no diagnoses listed. The treatment plan recommends continuation of current medications which include venlafaxine SR 75mg #60, clonazepam 0.5mg #60, and trazodone 100mg #30. It is noted that the patient has not had any significant side effects or negative interactions relevant to the medications. The medications improve anxiety, depression, confusion, emotional control, and stress intensified medical complaints. An appeal, to the denial of clonazepam, letter dated November 26, 2014 identifies that the guidelines allow for long-term use of benzodiazepines when prescribed by a psychiatrist for generalized anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #15 with 2 refills of #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for clonazepam 0.5mg #15 with 2 refills of #60, Chronic Pain Medical Treatment Guidelines state the 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... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, the requesting physician states that "...guidelines allow for long-term use of benzodiazepines when prescribed by a psychiatrist for generalized anxiety ". However, the guidelines clearly do not recommend long-term use of benzodiazepines disorder, because long-term efficacy is unproven and there is a risk of dependence, independent of whether the prescribing physician is a psychiatrist or not. Additionally, most guidelines clearly state to limit use of benzodiazepines to 4 weeks. In the absence of such documentation, the currently requested clonazepam 0.5mg #15 with 2 refills of #60 is not medically necessary.