

Case Number:	CM15-0010084		
Date Assigned:	01/27/2015	Date of Injury:	07/13/1993
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/19/2015

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: New Jersey
 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 is a 67-year-old female with an industrial injury dated July 13, 1993. The injured worker's diagnoses include failed back surgery syndrome, lumbar radiculopathy, lumbar spondylosis, lumbar post laminectomy syndrome and depression. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 12/1/14, the injured worker reported bilateral lower back pain, right worse than left radiating into bilateral buttock, anterior and posterior thigh, calf and bottom of feet with numbness and paresthesias. Physical exam revealed tenderness to palpitation of the lumbar paraspinal muscles with restricted range of motion secondary to pain. Lumbar discogenic proactive and sacroiliac proactive maneuvers were positive. Nerve root tension signs were positive. There was decrease sensation in the right lateral and anterior thigh. The treating physician prescribed Clonazepam 1mg Qty: 120 with 5 Refills (one tablet 4 times daily). Utilization Review (UR) determination on December 16, 2014 denied the request for Clonazepam 1mg Qty: 120 with 5 Refills (one tablet 4 times daily) citing MTUS, ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg Qty 120 with 5 Refills (one tablet 4 times daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was insufficient documentation revealing the indication for the clonazepam. Regardless, the worker had been using clonazepam for many years leading up to this request, however, there was insufficient documentation found in the notes provided discussing the functional benefits of its continual use (better sleep, less anxiety, less muscle spasm, etc.). Without any clear evidence of benefit with use and considering this medication is generally not indicated for long-term use, the clonazepam will be considered medically unnecessary.