MAXIMUS Federal Services

Case Number:	CM15-0018211		
Date Assigned:	02/06/2015	Date of Injury:	02/25/1998
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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: 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:

This is a 53 year old female patient who sustained and industrial injury on 02/25/1998. The current diagnoses include cervicalgia, lumbago, disorders of sacrum, joint pain, and sciatica. Per the doctor's note dated 12/27/2014 she had complaints of neck pain, low back pain with radiation down the left buttock. Physical examination revealed subluxated C1, L1, L5, S1 and RIII. Prior diagnostic study reports were not specified in the records provided. The current medications list is not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. She has had chiropractic therapy and home exercise program for this injury. Utilization review performed on 01/16/2015 non-certified a prescription for clonazepam, based on clinical information submitted does not support medical necessity. The reviewer referenced the Official disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #90 Refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workers Compensationhttp://www.dir.ca.gov./t8/ch4_5sb1a5_2.html

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

Decision rationale: Request: Clonazepam 1mg #90 Refills 2. 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 action 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. Detailed history of insomnia is not specified in the records provided. Trial of other measures for treatment of insomnia is not specified in the records provided. Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended.The medical necessity of Clonazepam 1mg #90 Refills 2 is not fully established for this patient.