

Case Number:	CM15-0112296		
Date Assigned:	06/18/2015	Date of Injury:	05/13/2013
Decision Date:	07/22/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/10/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 30-year-old who has filed a claim for chronic back, arm, knee, and neck pain reportedly associated with an industrial motor vehicle accident of May 13, 2013. In a Utilization Review report dated June 9, 2015, the claims administrator partially approved a request for clonazepam and alprazolam apparently for weaning or tapering purposes. The claims administrator referenced a RFA form dated June 2, 2015 and associated progress note dated May 29, 2015 in its determination. The applicant's attorney subsequently appealed. On February 26, 2015, the applicant received his 51st session of cognitive behavioral therapy. In a November 2, 2014 medical-legal evaluation, the applicant was placed off of work from a mental health perspective. On March 11, 2015, the applicant reported multifocal complaints of neck, upper back, lower back, left shoulder, and knee pain. The applicant was using Neurontin and Relafen, it was reported. The applicant's psychotropic medication list was not seemingly detailed on this occasion. On August 11, 2014, it was stated that the applicant was suffering from posttraumatic stress disorder (PTSD). Once again, however, the applicant's psychotropic medication list was not seemingly detailed. The applicant was described on May 12, 2014 as using Klonopin, Norco, Xanax, Desyrel, and Lexapro as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1 MG Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for clonazepam (Klonopin), an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, it appeared that the applicant had been using clonazepam (Klonopin) for what appeared to have been a minimum of several months to several years. Such usage, however, is incompatible with the brief role for which anxiolytics are espoused, per ACOEM Chapter 15, page 402. It is further noted that the attending provider failed to articulate a clear or compelling role for concurrent usage of two separate benzodiazepine anxiolytics, clonazepam and alprazolam. Therefore, the request is not medically necessary.

Alprazolam .5 MG Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for alprazolam, a second benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as alprazolam may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the applicant had been using alprazolam for what appeared to have been a minimum of several months to several years. Such usage was, however, incompatible with the short-term role for which anxiolytics are espoused, per ACOEM Chapter 15, page 402. The attending provider, moreover, failed to furnish a clear or compelling rationale for concurrent usage of benzodiazepines, alprazolam and clonazepam. Therefore, the request was not medically necessary.