

Case Number:	CM15-0115322		
Date Assigned:	06/23/2015	Date of Injury:	03/31/1997
Decision Date:	07/22/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 with a March 31, 1997 date of injury. A progress note dated June 3, 2015 documents subjective complaints (lower back pain and spasms that have not changed since last visit; pain rated at a level of 7/10), objective findings (tenderness to palpation over the C7 process on movement; tenderness over the ileolumbar area; ileolumbar tenderness on flexion at the waist to knee and on extension), and current diagnoses (chronic pain syndrome; lower back pain; depression). Treatments to date have included medications, chiropractic treatment, and home exercise. The medical record indicates a recent CURES report was consistent for medications and provider. The treating physician documented a plan of care that included Clonazepam.

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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Muscle relaxants (for pain); Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Insomnia treatment.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of benzodiazepines, including Clonazepam, as a treatment modality. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the records indicate that Clonazepam is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, long-term use is not recommended. For this reason, Clonazepam is not medically necessary. In the Utilization Review process, the request was modified to allow for a limited supply for weaning purposes. This action is consistent with the above cited guidelines.