

Case Number:	CM15-0115731		
Date Assigned:	06/24/2015	Date of Injury:	09/02/2014
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 41 year old male who sustained an industrial injury on 09/02/2014. Current diagnoses include depression, low back pain, cervicgia, neck pain, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, knee pain, internal derangement of knee, myofascial pain, and shoulder pain. Previous treatments included medications, paraffin bath, physical therapy, trigger point injections, chiropractic therapy, TENS unit, and psychiatric treatment. Initial injuries included the arms, knees, back, and neck after being assaulted while working. Reports dated 02/26/2015 and 03/19/2015 indicted that the injured worker is being treated for posttraumatic stress disorder, but there was no subjective, objective, or treatment plan included in these reports. Report dated 06/09/2015 noted that the injured worker presented with complaints that included pain in the back, neck, arms, knees, and shoulders. Pain level was 6-7 out of 10 on a visual analog scale (VAS). Physical examination was positive for hallucinations, intact judgment, calm affect, tenderness in the cervical region with painful range of motion, positive twitch response, tenderness in the lumbar region with positive twitch response, and pain with range of motion. It was noted that the injured worker is receiving psychiatric treatments for posttraumatic stress disorder and that his PHQ9 score on 11/16/2014 was 22 and consistent with depression. Records from the treating psychiatrist were requested. Disputed treatments include clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, PTSD pharmacotherapy.

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

Decision rationale: MTUS states, "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Clonazepam 0.5mg twice daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for another six month supply of the medication i.e. Clonazepam 0.5mg #60 with 5 refills is excessive and not medically necessary.