

Case Number:	CM15-0117560		
Date Assigned:	06/25/2015	Date of Injury:	09/30/2004
Decision Date:	07/27/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male who sustained an industrial injury on 09/30/14. Initial complaints and diagnoses are not available. Treatments to date include medications and shoulder surgery. Diagnostic studies are not addressed. Current complaints include right shoulder pain. Current diagnoses include possible rotator cuff repair. In a progress note dated 05/28/15 the treating provider reports the plan of care as a MRI. The requested treatment is Clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: The claimant sustained a work-related injury in September 2014 and continues to be treated for right shoulder pain. When seen, he was getting progressively worse. There was decreased shoulder range of motion and strength with acromioclavicular joint

tenderness. The claimant is also being treated for severe major depression and anxiety. Clonazepam is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. Long-term use may increase anxiety which may be occurring in this case. In addition, there are other medications considered appropriate in the treatment of this claimant's condition. Continued prescribing is not medically necessary.