

Case Number:	CM15-0120521		
Date Assigned:	07/01/2015	Date of Injury:	10/06/2011
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/23/2015

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: 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 38 year old male, who sustained an industrial injury on 10/06/2011. He reported sharp radicular pain down his left arm while picking up a heavy bucket. The injured worker was diagnosed as having major depressive disorder, single episode, moderate, anxiety disorder, not otherwise specified, chronic pain, and hypertension. Treatment to date has included diagnostics, cervical spinal surgery in 2/2012, pain management, chiropractic, mental health treatment and medications. Currently (5/26/2015), the injured worker reported mood "all right", average energy, and poor concentration with forgetfulness. He was taking Vistaril at night to help him sleep. He reported generalized anxiety with labile mood, with crying and being easily angered. He reported panic attacks that last about 2 minutes, 1-2 times a week. Xanax used to control his anxiety better when he first started taking it and he currently used it twice daily. He coped by going to the gym, coaching a wrestling team, and he used visualization. He denied suicidal or homicidal ideations. The treatment plan included tapering of Xanax and switching to Klonopin. A tapering regimen was reviewed. He was to continue Vistaril and Wellbutrin XL. The previous psychiatric progress note (4/11/2015) noted Beck Inventory Depression score of 44 and Beck Anxiety Inventory score of 37.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam ODT (orally disintegrating tablets) 0.25 mg (Qty 37), (retrospective DOS 5/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Benzodiazepines.

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

Decision rationale: Regarding the request for Clonazepam, Chronic Pain Medical Treatment Guidelines state the 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." 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. Within the documentation available for review, the patient has previous ongoing use of Xanax for anxiety, and is recently starting a taper. The provider is initiating clonazepam for treatment for anxiety. However, no rationale is provided for long-term use of benzodiazepines despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Clonazepam is not medically necessary.