

<b>Case Number:</b>	CM15-0128355		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	01/28/2015
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: 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 injured worker is a 49 year old male, who sustained an industrial injury on 1/28/2015. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include status post electrical injury with residual headaches, dizziness, generalized weakness and cognitive impairment, and rule out entrapment neuropathy versus radiculopathy. Currently, he complained of pain and weakness in the arms, right elbow, legs, neck, and difficulty with sleep, fatigue, anxiety and depression. On 5/21/15, the physical examination documented tenderness in the cervical spine and right elbow with decreased range of motion. There was decreased strength in the left forearm and right wrist with decreased sensation in the left forearm. The plan of care included Clonazepam 0.5mg tablets, one tablet before bed #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/ Insomnia Treatment.

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that Benzodiazepines be avoided for long term use for any medical condition including anxiety and insomnia. ODG Guidelines have the same recommendation that is addressed in the section on mental health and stress. There are Guideline supported alternatives and there are no unusual circumstances to justify an exception to the Guidelines. The Clonazepam 0.5mg #30 is not supported by Guidelines and is not medically necessary.