

<b>Case Number:</b>	CM15-0129074		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 56-year-old female with an industrial injury dated 07/17/2002. Her diagnoses included lumbar degenerative disc disease, right sacroiliac joint pain and piriformis syndrome and right foot drop. Comorbid conditions included hypertension and hypercholesterolemia. Prior treatment included steroid injections and medications. She presents on 05/58/2015 reporting that right leg pain was getting progressively worse. She complained of a grabbing sensation in right lower back, pain in right hip and buttock. The injured worker felt that activity and mobility were declining. She was using Fentanyl patches, Norco, Clonazepam and Tizanidine. Physical exam noted diffuse tenderness in the lumbar area. There was discomfort with range of motion. Palpation of the pelvis revealed tenderness of right sacroiliac joint. Seated straight leg raising was negative. Treatment plan included injection of right sacroiliac joint and greater trochanter and pain medications. The treatment request is for Clonazepam 0.5 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24 of 127.

**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, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In the absence of such documentation, the currently requested clonazepam is not medically necessary.