

Case Number:	CM15-0129381		
Date Assigned:	07/16/2015	Date of Injury:	03/31/1997
Decision Date:	08/11/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old female, who sustained an industrial injury on 3/31/97. Initial complaint was of her low back. The injured worker was diagnosed as having chronic pain syndrome; lower back pain and depression. Treatment to date has included chiropractic therapy; medications. Currently, the PR-2 notes dated 6/24/15 indicated the injured worker complains of unchanged low back pain and spasms. The provider notes the change to Hydromorphone is working better and allowing more activities of daily living. The current CURES report shows she is consistent for her prescribed medications. She has had NSAIDs therapy, chiropractic care and seen several providers with no resultant surgery or relief of her lower back pain. She was referred for treatment to Compass multidisciplinary functional restoration program. She has failed benefit of epidural steroid injections, physical therapy and acupuncture. The provider notes she is a hyper metabolizer of hydrocodone cyp2d6 phenotype. Medications listed in the provider treatment plan include Norco 10/325mg one every four hours #160 no refills; Hydromorphone 4mg one twice a day #60 and Clonazepam 0.5mg one #60. The provider is requesting authorization of Clonazepam 0.5mg #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, muscle relaxants, anti-convulsants. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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

Decision rationale: Clonazepam 0.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations and continuing use of this medication longer than the recommended 4 week limit. The request for Clonazepam is not medically necessary.