

Case Number:	CM15-0174729		
Date Assigned:	09/16/2015	Date of Injury:	04/29/2009
Decision Date:	11/16/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/04/2015

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

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 51 year old male who sustained an industrial injury on 4-29-09. The diagnosis is noted as mood disorder due to a medical condition. Previous treatment includes medication, biofeedback, and individual therapy. In a progress report dated 7-2-15, the physician notes he continues to suffer from posttraumatic stress disorder due to traumatic brain injury. He fell from a height and required craniotomy surgery. He has problems with ambulation and problems with constant chronic pain. It is noted symptoms also impair his short-term memory and he has episodes of confusion. In a progress report dated 8-4-15, the physician notes his symptoms consist of fluctuation in mood, irritability, racing thoughts, agitation, problems focusing and concentrating, and problems engaging in community based activities. He is currently wearing a right knee brace and ambulates with a cane with some difficulty. Wellbutrin has been discontinued. The treatment plan is Mirtazipine, Topamax, Duloxetine, Clonazepam 0.5mg three times a day, Abilify, and Rizatriptan. It is noted that "all the prescribed medications are medically and psychiatrically necessary to maintain an optimal level of stability." A request for authorization is dated 8-4-15. On 8-21-15, the review determination of requested treatment of Clonazepam 0.5mg #90 was to modify by 0.5mg per day until the medication is discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents with chronic shoulder pain. The patient continues to have ongoing multiple complaints, he has ongoing cognitive dysfunction, ongoing safety issues. He has ongoing psychological and psychiatric issues requiring ongoing psychiatric and psychological care. The request is for Clonazepam 0.5MG #90. The request for authorization is dated 08/04/15. The patient is status post craniotomy due to traumatic brain injury. Physical examination reveals restricted range of motion of the right shoulder. He still has hand weakness bilaterally, hand atrophy bilaterally, predominantly ulnar nerve distribution in the left upper extremity. A flattened affect. Right knee with a brace. Gait is antalgic. Patient is to continue present rehabilitative home exercise program. Patient's medications include Mirtazapine, Topamax, Duloxetine, Clonazepam, Abilify, and Rizatriptan. Per progress report dated 07/01/15, the patient is TTD. Clonazepam belongs to the Benzodiazepine class of medications. MTUS, Benzodiazepines Section, page 24 states: "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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per progress report dated 08/04/15, treater's reason for the request is "medically and psychiatrically necessary to maintain an optimal level of stability." The patient has been prescribed Clonazepam since at least 06/09/15. The patient continues with mood symptoms of fluctuation in mood, irritability, racing thoughts, agitation, problems focusing and concentrating, problems engaging in community-based activities. However, guidelines limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or frank addiction. In this case, the request for additional Clonazepam #90 would exceed guidelines recommendation, and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.