

Case Number:	CM15-0175706		
Date Assigned:	09/17/2015	Date of Injury:	11/14/2001
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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 40 year old female, who sustained an industrial injury on 11-14-2001. The medical records indicate that the injured worker is undergoing treatment for complex regional pain syndrome in the left leg, status post left total knee replacement (1-27-2005), and long-term opioid use. According to the progress report dated 7-20-2015, the injured worker complains of left leg pain. The pain is described as aching, hot-burning, sharp, shooting, stabbing, throbbing, and nagging. On a subjective pain scale, she rates her pain 7 out of 10 with medications and 10 out of 10 without. The physical examination reveals no significant changes. The current medications are Celebrex, Cymbalta, Docusate Sodium, Doxepin, Ranitidine, Senna, Ambien, Clonazepam, Lyrica, Seroquel, MS Contin, Percocet, Naproxen, and Prilosec. Urine drug screen from 2-20-2015 was inconsistent with prescribed medications; Clonazepam was not detected. There is documentation of ongoing treatment with Clonazepam since at least 2014. Treatment to date has included medication management, physical therapy, therapeutic injection, spinal cord stimulator (failed), and surgical intervention. Work status is described as permanent and stationary. The original utilization review (8-14-2015) had non-certified a request for Clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2mg #60 with 2 refills: 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): Weaning of Medications, Benzodiazepines.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has been prescribed Clonazepam since 2014 and tapering is recommended when used for greater than two weeks. Additionally, a urine drug screen from February 2015 was inconsistent for the drug Clonazepam. This request is for continued use, and not for tapering or weaning off the medication. The request for Clonazepam 2mg #60 with 2 refills is determined to not be medically necessary.