

Case Number:	CM15-0176774		
Date Assigned:	09/17/2015	Date of Injury:	01/31/2003
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal 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 41 year old female who sustained an industrial injury on 1-31-03. The injured worker reported low backache. A review of the medical records indicates that the injured worker is undergoing treatments for post lumbar laminectomy syndrome, low back pain, fibromyalgia and myositis, and spasm of muscle. Medical records dated 8-4-15 indicate the injured workers "low back pain has remained unchanged." Provider documentation dated 8-4-15 noted the work status as permanent and stationary. Treatment has included Clonazepam since at least February of 2015, Soma since at least February of 2015, trazodone, Oxycontin since at least February of 2015, Dilaudid since at least February of 2015, Wellbutrin since at least February of 2015, Morphine since at least February of 2015, status post L3-S1 fusion (10-21-08), status post spinal cord stimulator (8-18-11), trigger point injections, physical therapy, acupuncture treatment, psychotherapy, transcutaneous electrical nerve stimulation unit, Oxycontin, Fentanyl, Celebrex, Methadone, and Flexeril. Objective findings dated 8-4-15 were notable for decreased lumbar spine range of motion, motor examination limited by pain, sensory examination decreased over lateral foot medial foot on both sides, "dysesthesias are present over lateral thigh on both the sides." The original utilization review (8-12-15) denied a request for Clonazepam 1 milligrams 1 tablet 2 times daily and 2 every night at bedtime, quantity of 120 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg, 1 tablet 2 times daily and 2 every night at bedtime, #120 with 1 refill:
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, clonazepam 1 mg, one tablet b.i.d. and two tablets at bedtime, #120 with one refill is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are post lumbar laminectomy syndrome; low back pain; fibromyalgia and myositis NOS; spasm of muscle; mood disorder; and urinary incontinence NEC. Date of injury is January 31, 2003. Request authorization is August 5, 2015. The medical record contains 27 pages. According to a February 24, 2015 progress note, the injured worker was prescribed Clonazepam. According to an August 4, 2015 progress note, the injured worker was 41 years old with complaints of low back pain and poor sleep. There is no pain scores in the medical record progress note. The injured worker states the medications are not working. Medications include clonazepam, Dilaudid, morphine sulfate, Soma, Trazodone, and Wellbutrin. The injured worker has failed physical therapy, trigger point injections and other conservative modalities. According to the utilization review, clonazepam was recommended for weaning. The treating provider did not start weaning clonazepam. Clonazepam is not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The treating provider has continued clonazepam in excess of six months with no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non recommendations for long-term use and no documentation demonstrating objective functional improvement, , clonazepam 1 mg, one tablet b.i.d. and two tablets at bedtime, #120 with one refill is not medically necessary.