

Case Number:	CM15-0177929		
Date Assigned:	10/12/2015	Date of Injury:	10/05/2006
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 52 year old male with a date of injury on 10-05-2006. The injured worker is undergoing treatment for chronic back pain, depression, acute knee pain and a BMI of 30+. A physician note dated 07-23-2015 documents he is almost out of all of his medications. His pain level is about a 5 out of 10 and he has not been sleeping well at night. He has no side effects from his medications. He states "If it were not for his medications he would be completely debilitated, unable to move or do anything." Palpation of the paraspinal muscles reveals significant spasm of his thoracic erector spine muscles with tenderness to palpation of the lumbar spine. A physician progress note dated 08-04-2015 documents the injured worker has complaints of low back pain that has been significant since he has been rationing his medications due to lack of insurance coverage. When he is completely out of medications he is able to do very basic limited activities. He moves stiffly and deliberately. Documented treatment to date has included diagnostic studies, medications, and a history of spinal surgery. Current medications include Bupropion, Citalopram, Clonazepam (since at least 05-01-2014), Docusate Sodium, Lyrica, MS Contin, and Hydrocodone and APAP. The Request for Authorization includes Bupropion 300mg, Citalopram 40 mg, Clonazepam 2mg, MS Contin 60mg, Docusate 250mg, Lyrica 20mg, and APAP-Hydrocodone. On 09-03-2015 Utilization Review modified the request for Clonazepam 2mg (unspecified quantity) to Clonazepam 2mg up to 72.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 2mg (unspecified quantity): 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, 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. In this case the exam note from 7/23/15 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition there is no mention of prior response to this medication, increase in activity of a urine toxicology report demonstrating compliance. Therefore the request for clonazepam is not medically necessary and is not medically necessary.