

Case Number:	CM15-0072907		
Date Assigned:	04/23/2015	Date of Injury:	05/08/2004
Decision Date:	05/22/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/16/2015

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 49-year-old female, who sustained an industrial injury on 5/8/04. She reported a leg injury. The injured worker was diagnosed as having status right knee arthroscopic surgery. Treatment to date has included right knee arthroscopic surgery, physical therapy, oral medications and home exercise program. Currently, the injured worker complains of right knee pain rated 7-9/10. Physical exam noted an antalgic gait with swelling of right knee and tenderness on palpation. The treatment plan included prescriptions for Methadone, Soma, Clonazepam, home exercise program and awaiting approval of (MRI) magnetic resonance imaging of right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #90: Upheld

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

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

Decision rationale: The patient presents on 03/25/15 with right knee pain rated 8-9/10 without medications, 7-8/10 with medications, and associated loss of joint mobility. The patient's date of injury is 05/08/14. Patient is status post unspecified right knee arthroscopic knee surgery at a date not provided. The request is for CLONAZEPAM 1MG #90. The RFA is dated 03/25/15. Physical examination dated 03/25/15 reveals tenderness to palpation of the anterior, medial, lateral aspects of the right knee in addition to the posterior popliteal fossa. The examining provider notes slight swelling of the lateral joint line, temperature difference compared with the left knee. Lumbar spine examination reveals tenderness to palpation of the lumbar paraspinal muscles at L4/L5 level bilaterally. The patient is currently prescribed Baclofen, Clonazepam, Methadone, and Peri-colace. Diagnostic imaging included MRI of the right knee dated 03/06/15, significant findings include "abnormal appearance of the marrow with diffuse fatty change, significant patellofemoral osteoarthritis, mild patellar tendinopathy, gracile appearance of both the anterior and posterior cruciate ligaments..." Patient's current work status is not provided. Clonazepam belongs to the Benzodiazepine class of medications. MTUS Chronic Pain Medical Treatment Guidelines, page 24 has the following 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 regard to the continuation of Clonazepam, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been taking Clonazepam since at least 01/28/15, though the efficacy of this medication is not specifically addressed in the subsequent reports. MTUS guidelines do not support the use of Benzodiazepine medications for longer than 4 weeks owing to a rapid loss of efficacy and dependence risk. The requested 90 tablets in addition to prior use does not imply the intention to limit this medication to short-duration use. Therefore, the request IS NOT medically necessary.