

<b>Case Number:</b>	CM15-0074401		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	05/17/2010
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 31 year old female who sustained an industrial injury on 5/17/10 from a slip and fall resulting in bilateral knee and shoulder injury. She currently complains of unresolved pain involving the neck and upper back, bilateral shoulders, bilateral knees and left arm. Her left shoulder is her primary concern. Her activities of daily living are limited especially involving raising the left arm above shoulder level. She has decreased range of motion. Her pain level is 7-8/10 for right and left shoulders. Her neck pain is left sided with pain level of 3-4/10. Her bilateral knee pain is occasional. Medications are not specifically indicated. Diagnoses include internal derangement of the left shoulder, status post labral debridement with subacromial decompression (9/1/10) with recurrent left shoulder instability; right shoulder impingement syndrome; bilateral knee contusions; chronic cervical sprain/ strain. Diagnostics included post cervical MRI (no date). The Utilization Review from 3/23/15 indicates clonazepam but the records available for review do not indicate this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 2mg #80 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states, "Benzodiazepines are 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Clonazepam on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Clonazepam 2mg #80 x 2 refills is excessive and not medically necessary.