

Case Number:	CM15-0095532		
Date Assigned:	05/22/2015	Date of Injury:	06/01/1994
Decision Date:	06/25/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for complex regional pain syndrome (CRPS), chronic neck pain, and psychological stress reportedly associated with an industrial injury of June 1, 1994. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for clonazepam. The claims administrator referenced a RFA form received on April 27, 2015 in its determination. The applicant's attorney subsequently appealed. In a psychiatric Medical-legal Evaluation dated April 20, 2015, it was acknowledged that the applicant had not worked since June 1, 1994 owing to various issues with major depressive disorder and panic disorder. In a handwritten note dated April 9, 2015, difficult to follow, not entirely legible, the applicant was described as having various issues with psychological stress, depression, and chronic pain. The note was very difficult to follow, not entirely legible. The applicant was apparently asked to stop tramadol, employ meloxicam for pain relief, and continue Wellbutrin. On April 9, 2015, the applicant was again described as not working owing to various issues with depression, anxiety, and insomnia. The applicant was asked to continue Ambien, Wellbutrin, and Catapres. Psychotherapy was endorsed. There was no explicit mention of the applicant's using clonazepam on this date. In a work status report dated April 9, 2015, the applicant was placed off of work, on total temporary disability. It was also seemingly suggested that the applicant would start clonazepam (Klonopin) on this date. The applicant was also using another anxiolytic agent, Xanax, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for clonazepam, a benzodiazepine anxiolytic, is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as clonazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 30-tablet supply of clonazepam at issue seemingly suggests chronic, long-term, and/or daily usage of the same. Such usage, however, is incompatible with the short-term role for which anxiolytics are espoused, per ACOEM Chapter 15, page 402. It was further noted that the attending provider's handwritten progress note of April 9, 2015, in addition to being very difficult to follow and not entirely legible, did not clearly state why two separate anxiolytic medications, namely clonazepam and Xanax, were being concurrently employed. Therefore, the request is not medically necessary.