

Case Number:	CM15-0098579		
Date Assigned:	05/29/2015	Date of Injury:	03/31/1997
Decision Date:	07/03/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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 53-year-old female, who sustained an industrial injury on 03/31/1997. She has reported subsequent low back pain and bilateral lower extremity numbness was diagnosed with chronic pain syndrome, depression and low back pain. Treatment to date has included oral pain medication, chiropractic therapy, physical therapy and a home exercise program. In a progress note dated 05/06/2015, the injured worker complained of low back pain and bilateral leg and foot numbness. Objective findings were notable for tenderness to palpation over the C7 process with movement and tenderness over the ileolumbar area. A request for authorization of Clonazepam was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. 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 0.5mg #60 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 workers working diagnoses or chronic pain syndrome, low back pain; and depression. The documentation from a February 11, 2015 progress note (request for authorization dated February 12, 2015), subjectively states the injured worker has low back pain with bilateral feet and leg numbness. There are no clinical subjective changes in symptoms. The injured worker's current medications include OxyContin, Norco, Soma and Klonopin. The documentation shows the injured worker has been taking clonazepam is for back as August 2014 (according to the utilization review). The guidelines do not recommend long-term use (longer than two weeks). The treating provider has prescribed clonazepam in excess of six months. There is no compelling uncle documentation to support the ongoing use of clonazepam. There is no evidence of objective functional improvement with ongoing clonazepam. Consequently, absent clinical documentation with objective functional improvement to support ongoing clonazepam in excess of the recommended guidelines (not recommended for long-term use longer than two weeks), Clonazepam 0.5mg #60 is not medically necessary.