

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **11/21/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/8/2013
Date of Injury:	5/11/2003
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010833

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Clonazepam 10 day supply #30 for DOS 6/25/2013 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for **Clonazepam 10 day supply #30 for DOS 6/25/2013** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in ABFP, has a subspecialty in ABPM and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The claimant is a 54 yr. old female with a history of an injury on 5/11/03 while bending to pick up a piece of paper. She has a history of fibromyalgia, COPD, restless leg syndrome, depression and pelvic strain. No surgeries were performed as related to the injury. On July 3rd, 2006 she was diagnosis with lumbar degenerative disk disease, right knee osteoarthritis and chronic cervical pain.

A note on 8/21/12 stated that there were significant pain and sleep issues stemming from myofascial trigger points as well as anxiety. A regimen of Lunesta, Ativan, Ambien, and Hydroxyzine were used to help with sleep.

As of 5/9/13 she had been off narcotic medications. An examination on 5/11/03 indicated that she has sleep issues and has stress in her life as a chief caretaker. At the time Ativan was given for sleep and anxiety as well as Ambien and hydroxyzine. A prescription for Clonazepam was given on 6/25/13. An examination report on 7/11/13 indicated a diagnosis of multi-level lumbago, left sided radiculopathy and arthropathy.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the retrospective request for Clonazepam 10 day supply #30 for DOS 6/25/2013:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CDPM Program: Dr. Lawrence Pohl's recommendations, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg. 24, which is part of the MTUS.

Rationale for the Decision:

As per the guidelines cited above, Benzodiazepines such as Clonazepam are not recommended for long-term use due to risk of dependence. Tolerance to hypnotic effects develops rapidly. Long-term use may actually increase anxiety. The employee in this case has been on such medications including Ativan for over a year. Since Clonazepam is within the same class it is not medically necessary. The retrospective request for Clonazepam 10 day supply #30 for DOS 6/25/2013 is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.