

<b>Case Number:</b>	CM14-0140624		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California and Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41 year old male who was injured on 03/22/2010. The mechanism of injury is unknown. Prior medication history included Fentanyl, Norco, trazodone, Elavil and Clonazepam. On 07/23/2014, the patient presented with complaints of back pain, lower extremity tingling and weakness. The pain is a radiating pain into the left thigh, left calf, right thigh and right calf. On exam, there is tenderness to palpation over the paravertebral muscle at L3-S1 with spasm. He rated his pain as 7/10. Lumbar spine range of motion revealed flexion is 30 degrees. Straight leg raise is positive at 15 degrees. There is tenderness over the anterior thigh and over the anterior thigh. Progress report dated 08/28/2014 documented the patient to have complaints of abdominal pain, back pain, leg cramps and leg weakness, anxiety and depression. The patient is diagnosed with lumbosacral neuritis and lumbosacral spondylosis. The patient was recommended vitamin B-12 and Clonazepam. Prior utilization review dated 08/27/2014 states the request for Clonazepam 1mg #90; and Vitamin B-12 Injection is denied as medical necessity has not been established.

### 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 Benzodiazepines.

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

**Decision rationale:** The guidelines do not recommend benzodiazepines for long-term use. There is a risk of dependence and the long-term effects are unproven. Per the guidelines, benzodiazepines should generally not be used longer than for 4-6 weeks. From the documents it appears the patient has been taking Clonazepam for longer than the recommended duration. The clinical documents did not justify the use of the medication outside of current guidelines. It is not clear what condition the medication is being used to treat and why other safer medications are not being prescribed. Based on the guidelines and criteria as well as the clinical documentation stated above, Clonazepam 1MG #90 is not medically necessary.

**VITAMIN B-12 INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Vitamin B

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Vitamin B

**Decision rationale:** The MTUS is silent regarding the request. The guidelines do not recommend Vitamin B-12 for treating neuropathic pain. There have been numerous studies on its effects but the data has not shown consistent benefits. The clinical documents did not adequately discuss the Vitamin B-12 to justify use outside of current guidelines. It is unclear if the patient is having any benefit from the Vitamin B-12 injections. Based on the guidelines and criteria as well as the clinical documentation stated above, Vitamin B-12 Injection is not medically necessary.