

Case Number:	CM14-0146758		
Date Assigned:	09/12/2014	Date of Injury:	02/02/2011
Decision Date:	11/19/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine 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 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:

Patient is a 53 year-old male with date of injury 02/02/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/15/2014, lists subjective complaints as low back pain and depression. Patient claims he is very depressed and experiencing ongoing pain. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral musculature. Range of motion was within normal limits. Straight leg raising test was negative bilaterally. Mental status examination revealed patient's mood to be very depressed. Affect was depressed. He was desperate. Patient denies suicidal ideation. Diagnosis: 1. Status post anterior-posterior fusion L4-5 2. Removal of prior pedicle screw fixation. 3. Major depression. Original reviewer modified medication request to allow for gradual weaning. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Clonazepam 1mg, #60 SIG: 2 every 8 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg, #60 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 124.

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

Decision rationale: The MTUS states that 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking Clonazepam for much longer than the 4 weeks suggested by the MTUS. Clonazepam 1mg, #60 x2 is not medically necessary.