

Case Number:	CM13-0041625		
Date Assigned:	12/20/2013	Date of Injury:	08/04/2000
Decision Date:	04/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine and Rehabilitation 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:

The patient is a 50-year-old female who reported an injury on 08/04/2000. The mechanism of injury was not provided in the medical records. The patient has a history of left cervical radicular pain status post C5 to C7 fusion with cervicogenic headaches and chronic pain. The 05/03/2012 note reported a complaint of head and left arm pain. The note reported the patient had been using Norco and naproxen and she was directed by [REDACTED] to stop using her Cymbalta and begin Viibryd and Clonazepam. The note stated her symptoms had worsened but she was tolerating her medication with 5/10 pain. On examination, she had tenderness to palpation of the cervical paraspinals; bilateral upper trapezius, decreased flexion and extension of the cervical spine, 5-/5 strength in all movements to the bilateral upper extremities, and negative Hoffmann's and Phalen's bilaterally. The note stated the patient had tried and failed many medications for her neuropathic pain and epidural steroid injections. The note stated spinal cord stimulation may be implemented if surgery is not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CLONAZEPAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazapine. Decision based on Non-MTUS Citation ODG Chronic Pain.

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

Decision rationale: The California MTUS does not recommend the use of benzodiazepines for long-term use and states most guidelines limit use to 4 weeks. The documentation submitted states the patient was prescribed Clonazepam from a secondary doctor and did not provide evidence of the duration the patient had been on this medication, therefore, appropriateness cannot be determined at this time. Additionally, the documentation did not provide evidence of failed outcomes from other first line therapies. Given the above, the request is non-certified.