

<b>Case Number:</b>	CM13-0061029		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/07/2004
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Texas and Oklahoma. 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 injured worker is a 36-year-old male who reported an injury on 01/07/2004, after the injured worker was hit by a beam. The injured worker's treatment history included cervical fusion from the C3-6 and lumbar fusion to the sacrum, a back brace, assisted ambulation, multiple medications, and active therapy. The injured worker was evaluated on 10/21/2013. It was documented that the injured worker had low back pain rated at a 7/10 and neck and right shoulder pain rated at a 5/10. Physical findings included reduced range of motion of the lumbar spine, moderate tenderness and spasming of the thoracic spine, and moderate tenderness and spasming of the cervical spine with restricted range of motion. Evaluation of the shoulders documented tenderness over the acromioclavicular region with restricted range of motion bilaterally. The injured worker had decreased sensation in the C6-7 dermatomal distributions. The injured worker's diagnoses included status post closed head injury; status post lumbar surgery; right shoulder sprain with impingement; bilateral hip pain; left cervical radiculopathy; upper thoracic strain; aggravation of high blood pressure due to chronic pain/stress; insomnia, depression, and anxiety related to chronic pain; left shoulder pain; and gastroesophageal reflux disease. Treatment recommendations included continuation of medications to include Morphine Sulfate extended release, Percocet, and Nexium. Authorization was requested for Zantac, Cymbalta, Ondansetron, Metamucil, Hydrochlorothiazide, and Clonazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCHLOROTHIAZIDE 500 QD:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

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

**Decision rationale:** The California Medical Treatment Utilization Schedule does not address this medication. The Official Disability Guidelines recommend this medication as a first-line third-level medication for the treatment of hypertension. The clinical documentation does indicate that the injured worker has hypertension associated with chronic pain. Therefore, this medication would be appropriate for this painter. However, the request as it is submitted does not provide a quantity. Therefore, the request for Hydrochlorothiazide 500 QD is not medically necessary and appropriate.

**CLONAZEPAM 2 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines does recommend the use of benzodiazepines for short durations of treatment in the management of chronic pain-related anxiety. However, it is noted within the documentation that the injured worker has been on a benzodiazepine since at least 09/2012. The MTUS guidelines do not recommend the use of benzodiazepines to exceed 4 weeks due to a high risk of psychological and physiological dependence. Therefore, continued use of this medication would not be appropriate. Additionally, the request as it is submitted does not provide a quantity. The request for Clonazepam 2 mg is not medically necessary and appropriate.