

Case Number:	CM13-0064339		
Date Assigned:	01/03/2014	Date of Injury:	12/19/2002
Decision Date:	05/16/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/11/2013

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 & Rehabilitation; has a subspecialty in Pain Medicine 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 66-year-old female who reported an injury on December 19, 2002. The injury occurred when the injured worker was moving a chair and stepped back, fell and came down on the side of her foot. The injured worker's medication history included benzodiazepines as of June 2013. The documentation from October 25, 2013 revealed that the injured worker's psychiatric condition was fragility stabilized and required regular/ongoing medication management to maintain stabilization. The injured worker's diagnoses included depression, anxiety and sleep disturbance, and reflex sympathetic dystrophy. The treatment plan included 1mg of Clonazepam daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CLONAZEPAM 1MG #30: 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 Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been on the medication for greater than 6 months. There was lack of documentation of the objective functional benefit received from the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for one (1) prescription of clonazepam 1mg, #30, is not medically necessary.