

Case Number:	CM13-0072468		
Date Assigned:	01/03/2014	Date of Injury:	03/30/2012
Decision Date:	06/06/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/26/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 46-year-old male who reported an injury on 03/20/2012. The mechanism of injury was not stated. The current diagnosis is quadriplegia. The latest physician progress report submitted for this review is documented on 10/15/2013. The injured worker reported depression, anxiety, irritability, social withdrawal, head injury, cognitive impairment, quadriplegia and apprehension. Objective findings were not provided. Mental status examination was also not provided. The treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 0.5 MG #60 WITH ONE (1) REFILL: Upheld

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

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. A more appropriate treatment for anxiety disorder is an

antidepressant. As per the documentation submitted, there is no evidence of this injured worker's active utilization of this medication. As guidelines do not recommend long term use, the current request is not medically appropriate. There is also no frequency listed in the current request. As such, the request is not medically necessary.