MAXIMUS Federal Services

Case Number:	CM14-0005172		
Date Assigned:	01/24/2014	Date of Injury:	12/10/1999
Decision Date:	06/10/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine has a subspecialty in Interventional Spine 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 52-year-old male with a date of injury of 12/10/1999. The listed diagnoses per [redacted] are:1. Multi-cervical degenerative disk disease with cervical spondylosis, 2. Bilateral upper extremity radicular pain with right upper extremity weakness, 3. Lumbar degenerative disk disease S/P L4-L5 anterior-posterior fusion with residuals, 4. Bilateral lower extremity radicular pain, 5.Hypertension, 6. Opioid dependency. According to report dated 11/15/2013 by [redacted], the patient presents with ongoing neck and low back pain. He has pain that radiates into the upper and lower extremities. The patient reports spasms, numbness, tingling, and burning pain. It is noted that the patient has been experiencing more numbness in the lower extremity. He continues with his gradual reduction of morphine. The patient's current medication regimen includes morphine sulfate ER 60 three times a day for breakthrough pain, Topamax for neuropathic pain, Clonazepam for anxiety and to counter withdrawal symptoms, Soma 350 for muscle spasm, and Omeprazole for GI symptoms. The treater is requesting a refill of Clonazepam 0.5 mg #90. Utilization review dated 01/06/2014 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 0.5 MG TID COUNT #90 FOR WEANING PURPOSES WITH 10% REDUCTION PER WEEK OVER SIX (6) MONTHS: 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: This patient presents with neck and low back pain. The treater is requesting Clonazepam for patient's anxiety and to counteract symptoms of withdrawals as patient is tapering from his morphine. The Chronic Pain Medical Treatment Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit up to 4 weeks." This patient has been taking this medication since 03/29/2013 Chronic Pain Medical Treatment Guidelines does not recommend long-term use of Benzodiazepines and recommends maximum use of 4 weeks due to unproven efficacy and risk of dependence. Given the above the request is not medically necessary