

Case Number:	CM14-0006237		
Date Assigned:	03/03/2014	Date of Injury:	07/30/2003
Decision Date:	07/29/2014	UR Denial Date:	01/02/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 46-year-old male with a 7/30/03 date of injury. He sustained a spinal cord injury and head trauma with resultant incomplete quadriplegia. A 1/13/14 progress note documents spasms in the cervical paraspinal muscles and notes stiffness in the cervical spine, spasms noted in the right hand intrinsic muscles with rigidity. He is using bilateral forearm crutches for ambulation and has a stiff and antalgic gait. There is limited mobility noted in the cervical spine. Diagnostic impression: anterior spinal artery compression syndrome, low back pain, incomplete quadriplegia C5-C7, chronic pain, chronic depression, sleep apnea, GERD, neurogenic bladder, erectile dysfunction, and post-traumatic brain injury. Treatment to date: Medication management, activity modification, PT and OT, psychotherapy, facet blocks, epidurals, bilateral forearm crutches, wrist and neck braces, and CPAP machine. A utilization review decision dated 12/31/13 modified the request for clonazepam from 60 tablets with 2 refills to 30 tablets with 0 refills for weaning purposes. Guidelines do not support long-term use of a benzodiazepine. The medication is being used for anxiety and spasm. However, the progress notes continuously note that the patient has spasms in the cervical paraspinal and lumbar paraspinal muscles. Spasticity is noted in the right upper extremities. It is also noted throughout the reports that the patient experiences insomnia and depression from chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 1MG (KLONOPIN) TABLETS #60 WITH NO REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, pg. 24..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. According to the reports, this patient sustained a significant injury to his spinal cord resulting in incomplete quadraplegia. He is documented to suffer from severe muscle spasms in relation to his spinal cord injury. He is noted to have some improvement of his muscle spasms with his current medication regimen. Therefore, the request for Clonazepam (Klonopin) tablets #60 with no refills was medically necessary.