

Case Number:	CM14-0019078		
Date Assigned:	04/23/2014	Date of Injury:	05/27/2010
Decision Date:	07/03/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/14/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 27, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants, transfer of care to and from various providers in various specialties; attorney representation; lumbar MRI imaging of July 22, 2010, notable for multilevel large disk herniations; earlier right shoulder arthroscopy; and adjuvant medications. The applicant's case and care have been complicated by comorbid diabetes and hypertension. In a utilization review report dated January 28, 2014, the claims administrator approved a request for Cyclobenzaprine and topical Terocin while denying Clonazepam, an anxiolytic medication. The applicant's medication list was not detailed on many office visits in question, it is incidentally noted. On April 1, 2014, the applicant was described as using a TENS unit and Gabapentin. The applicant's work status was not furnished at that point in time. In a handwritten note dated March 11, 2014, the applicant was asked to continue aquatic therapy. Unspecified medications were renewed. The note was difficult to follow. The applicant was placed off of work, on total temporary disability. On March 4, 2014, the applicant was furnished with a prescription for Tramadol. On February 11, 2014, the applicant was again placed off of work, on total temporary disability, with ongoing complaints of neck pain, back pain, shoulder pain, and knee pain. The applicant's medication list was again not clearly detailed on this occasion. It does appear that Clonazepam was earlier endorsed through usage prescription forms using preprinted checkboxes on January 10, 2014. No clinical progress note, rationale, narrative, or commentary was attached to the request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR QUAZEPAM 15MG VIV #30: 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 topic. Page(s): 22.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Clonazepam are not recommended for chronic or long-term use purposes, including for anxiolytic effect, antidepressant effect, sleep purposes, and/or muscle spasm purposes. In this case, the attending provider did not furnish any rationale, narrative, or commentary, which would offset the unfavorable MTUS recommendation. Therefore, the request for Quazepam 15mg VIV # 30, is not medically necessary and appropriate.