

Case Number:	CM14-0126680		
Date Assigned:	08/13/2014	Date of Injury:	08/13/2005
Decision Date:	12/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal 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:

Pursuant to the office visit note dated July 24, 2014, the IW complains of neck pain, left shoulder, left upper extremity, low back and left lower extremity pain. Her most recent drug screen dated June 26, 2014 revealed an inconsistency, which was discussed with the IW in detail. The IW has recently been authorized for physical therapy for the low back. The IW reports that the current medication regimen is helpful and allows her to function. Physical examination revealed: Blood pressure 132/83, heart rate 63, height 5'9", and weight 241 pounds. The IW was awake, alert and appropriate. There was moderate discomfort with sitting. There was no evidence of medication-induced somnolence. The IW was diagnosed with status post anterior cervical discectomy and fusion C4-C5 and C5-C6; recent EMG/NCV evidence of right C6-C7 cervical radiculopathy; status post brachiolexus release; NCV evidence of mild to moderate right mixed motor and sensory median nerve carpal tunnel at the right wrist plus mild left ulnar entrapment at the left olecranon groove; left shoulder pain; occipital headache; left upper extremity radicular symptoms; low back pain; L5-S1 4mm to 5mm disc bulge with bilateral neuroforaminal narrowing and S1 nerve root impingement with EMG evidence of left S1 radiculopathy; status post lumbar spine surgery May 27, 2009; left greater than right lumbosacral radicular pain; trigger finger bilateral middle fingers; opioid dependence with possible opioid induced hyperalgesia; status post anterior to posterior lumbar spine fusion with postoperative infection July 30, 2013; and painful abdominal scar, now healed. Current medications include OxyContin 60mg/40mg/60mg, Oxycodone 10mg, Lyrica 150mg, Lidoderm 5% patch, Voltaren gel, Cymbalta 60mg, and Clonazepam 1mg. The records indicate that the IW has been taking Clonazepam since April 27, 2011. The provider is recommending physical therapy as authorized, continue medications, and repeat urine drug screen secondary to the inconsistency present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg x30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Benzodiazepine

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Clonazepam 1 mg #30 is not medically necessary. The guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or addiction. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant properties. Chronic benzodiazepine use is the treatment of choice in very few conditions. In this case, the injured worker has been taking clonazepam in a progress note dated as far back as April 2011. The injured workers symptoms and signs are referable to the neck, left shoulder, left upper extremity, lower back and left lower extremity. The injured worker has been on Clonazepam for a protracted period of time. There is no documentation as to functional objective improvement and there are no compelling clinical facts explaining the long-term ongoing use of Clonazepam. Consequently, Clonazepam 1 mg #30 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Clonazepam 1 mg #30 is not medically necessary.