

Case Number:	CM14-0129105		
Date Assigned:	08/18/2014	Date of Injury:	01/24/2005
Decision Date:	09/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/13/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on January 24, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 22, 2014, indicates that there are ongoing complaints of neck pain, lower back pain, and left shoulder pain. There were complaints of episodic spasms. Relief was obtained with the prescribed medications and pain level has been decreased from 7/10 to 4/10. The physical examination demonstrated decreased range of motion of the cervical and lumbar spine. There was a diminished reflex of the left biceps and decreased strength in the left C5 nerve distribution. Sensory examination revealed decreased sensation in the median nerve distribution and of the left L5 and S1 dermatomes. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for Clonazepam and Codeine Sulfate and was not certified in the pre-authorization process on July 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Clonazepam is a benzodiazepine which is used to control certain types of seizures. It is also used to relieve panic attacks. This medication has a relatively high abuse potential and it is not recommended for long-term use because long-term efficacy is unproven. A review of the available medical record indicates that this employee has been taking this medication for approximately one year's time. Considering this, the request for Clonazepam is not medically necessary.

Codeine sulfate 15mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: An appeal letter dated July 21, 2014 indicates that this medication helps the injured employee reduce her pain level with minimal side effects there was stated to be improved function and ability to participate in activities of daily living. This medication is also reported to make the injured employee less secure and irritable without taking medication. The progress note dated July 22, 2014 does state that there is a decrease of pain from 7/10 down to 4/10 with medication usage. Considering this, this request for codeine sulfate is medically necessary.