

<b>Case Number:</b>	CM14-0130175		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/21/2004
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 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 injured worker is a 56 year old male injured on 09/21/04 due to unknown mechanism of injury resulting in injuries to neck, back, and bilateral upper extremities. Clinical note dated 06/04/14 indicated the injured worker presented for evaluation of aching, burning and stabbing pain in the neck, shoulders, arms and back that rates as 8-9/10 on pain scale, with pins and needles like sensation and numbness. He tries to do minimal activities. He is still on an inhaler due to chronic obstructive pulmonary disease. He has urological problems. He is currently not attending any therapy. He is not working. Physical examination revealed normal gait, although hips occasionally give way, tenderness at the occipital insertion of the paracervical musculature, mild tenderness bilaterally in the trapezii, midline base of the cervical spine tenderness, decreased cervical range of motion, positive head compression sign, tenderness to palpation in the sternoclavicular joint, and anterior capsule and acromioclavicular joint, decreased shoulder range of motion, crepitus on motion is present, Neer's/Hawkins maneuver/impingement sign positive. Strength +4/5 bilaterally, normal sensation, and deep tendon reflexes in the upper extremities 2+ bilaterally. Lumbar examination revealed tenderness from the thoracolumbar spine down to the base of the pelvis, bilateral paralumbar musculature slightly tight, reflexes are intact in the lower extremities, no clonus is present, no gross motor weakness in the lower extremities, and sensation intact bilaterally to lower extremities. Diagnoses include elbow epicondylitis, shoulder impingement, cervical discopathy, C5-6, and lumbar sprain/strain. Initial request for clonazepam and imipramine HCl was non-certified on 07/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg #45:** Upheld

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

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

**Decision rationale:** As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. As such the request for Clonazepam 0.5mg #45 cannot be recommended as medically necessary at this time.

**Imioramine HCL 50mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressants..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

**Decision rationale:** Current guidelines consider tricyclics first-line treatments for neuropathic pain. The clinical documentation established the presence of objective findings consistent with neuropathic pain. As such, Imipramine HCL 50mg #180 is recommended as medically necessary.