

Case Number:	CM14-0172209		
Date Assigned:	10/23/2014	Date of Injury:	02/12/1996
Decision Date:	12/02/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 49-year-old female who reported an injury on 02/12/1996. Mechanism of injury was not submitted for review. The injured worker has a diagnoses of complex regional pain syndrome, cervical ankyloses with degenerative disc disease, thoracic ankyloses and kyphosis, left shoulder ankyloses, opiate pain management, spinal cord stimulation pain management, and depression. Past medical treatment consist of use of a TENS unit, trigger point injections, CBT, transforaminal epidural steroid injections, Botox injections, and medication therapy. Medications consist of Fentanyl spray, OxyContin, Oxycodone, Clonazepam, Gabitril, Cymbalta, and Pennsaid solution. On 10/08/2014, the injured worker complained of cervical spine pain, thoracic spine pain, and left shoulder pain. Physical examination of the cervical spine revealed thoracic junction kyphosis measured at 40 degrees. Tenderness to palpation remained. Taut bands were found at myofascial trigger points with twist response in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck. Range of motion revealed a flexion of 5 degrees, extension of 10 degrees, right lateral bending 10 degrees, and left lateral bending 10 degrees. Physical examination of the shoulders revealed range of motion had increased in adduction by 10 degrees since the trigger point injection. Range of motion of the left shoulder was flexion of 45 degrees, extension of 30 degrees, adduction of 10 degrees, abduction of 70 degrees, internal rotation of 75 degrees, and external rotation of 70 degrees. The left upper extremity exhibited a moderate amplitude tremor that increased with minimal upper extremity activity. Pain inhibited 4/5 weakness remained in the left upper extremity. The left shoulder was held in adduction. The medical treatment plan is for a prospective request of Clonazepam 0.5 mg. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5 mg #30, as an outpatient for neck and left shoulder pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for prospective request for Clonazepam 0.5 mg #30, as an outpatient for neck and left shoulder pain is not medically necessary. The MTUS Guidelines do not recommend benzodiazepines for long term use and most guidelines limit use to 4 weeks. The submitted documentation indicates that the injured worker had been on Clonazepam since at least 05/2014, exceeding the recommended guidelines for short term use. The submitted documentation also lacked the efficacy of the medication to support continuation. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.