

Case Number:	CM14-0175111		
Date Assigned:	10/28/2014	Date of Injury:	12/18/2006
Decision Date:	12/31/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/22/2014

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 Maryland. 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 employee was a 68 year old male who sustained an industrial injury on 12/18/2006. His diagnoses were lumbago, displacement of lumbar disc without myelopathy and unspecified quadriplegia. The visit note from 09/17/14 was reviewed. The chief complaint was spasticity. He was indicating that he was doing well on his current daily dose of Baclofen and declined any change. He had an intrathecal pump implant on 08/05/10. He had a history of spasticity due to the injury on 12/18/2006. His Baclofen intrathecal pump was refilled. The clinical note from 05/13/14 was reviewed. He reported pain on and off. He wanted to increase his activity. He found Clonazepam made him sleepy when taken during the day, but it controlled jerking at night and burning pain in the right leg. Lyrica had been helpful for controlling nerve pain. Zanaflex had been helpful to control spasms. He had used Ambien on rare occasions. His Baclofen pump had been adjusted to control spasms. He had improved sleep with current medications. He was ambulating with a single point cane with a guarded gait. He had a well healed midline surgical scar. He still had mild lower extremity spasticity. He had 4/5 strength in the LLE and 4+/5 in the RLE. Reflexes were 4/4 in the lower extremities. The treatment plan included Lyrica, Clonazepam and Zanaflex. The employee had been on Clonazepam at least since February 2014. The request was for Clonazepam 0.5mg PO TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg 1 tablet PO TID #90: 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 Antispasticity/antispasmodic drugs Page(s): 66.

Decision rationale: According to MTUS, Chronic Pain Medical Treatment guidelines, Benzodiazepines are not recommended for spasticity due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. The employee had intrathecal Baclofen pump for control of spasticity and had somnolence from Clonazepam. Given the prolonged use of Clonazepam, the request is not medically necessary or appropriate.