

Case Number:	CM14-0185237		
Date Assigned:	11/13/2014	Date of Injury:	10/16/2001
Decision Date:	12/15/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational 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:

This patient is a 62 years /old male who has developed chronic cervical pain subsequent to a CT injury dated 10/16/01. He has been treated with a C5-6, C6-7 instrumented fusion, but continues to have neck pain with associated upper extremity radiation. The fusions are reported to be solid, but neuropathic pain syndrome is reported due to ongoing nerve pain. He is treated with multiple oral analgesics with minimal success. The records do not include a time period when medications for neuropathic pain may have been trialed. An updated neurosurgical consultation is pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #90: 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: MTUS Guidelines are very specific in stating that the long-term use of Benzodiazepines for chronic pain or associated problems is not recommended. There are no

unusual circumstances to justify an exception to Guidelines. The Klonopin .5mg #90 is not medically necessary.