MAXIMUS Federal Services

Case Number:	CM14-0020071		
Date Assigned:	04/25/2014	Date of Injury:	01/31/2003
Decision Date:	07/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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 and Pain Medicine, and is licensed to practice in Texas. 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 40 year old female who was injured on 1/31/03 when she was moving cinder blocks and product off of a table. This resulted in sharp pain to her lower back. The injured worker underwent an L4-5 discectomy, anterior posterior L3-S1 fusion, and a spinal cord stimulator trial. Additional interventions include trigger point injections, physical therapy, acupuncture, psychotherapy, and a TENS unit. Current diagnoses include post-lumbar laminectomy syndrome, low back pain, fibromyalgia, and myositis, muscle spasm, and mood disorder. The clinical note dated 4/15/14 indicates that the injured worker presented with continued complaints of low back pain and right humerus fracture status post fall on 4/2/14 when her legs gave out on her. Physical assessment reveals restricted lumbar range of motion, allodynia to the lumbar spine, tenderness of the spinous processes, and limited examination due to pain and guarding. Motor examination revealed 2/5 motor strength to all muscle groups bilaterally with sensation decreased over bilateral feet and dysesthesia present over the lateral thigh bilaterally. The injured worker is adamant that she requires a home health aide to assist with activities of daily living. The documentation indicates the intent to taper Benzodiazepines and Soma in the future. It is noted that the injured worker is not a candidate for an implantable pump, surgery, or a spinal cord stimulator. Current medications include Dexilant DR, Neurontin, Dilaudid, Senna, Soma, Clonazepam, Exalgo ER, Pristiq ER, Seroquel, and Ranitidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 1MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has exceeded the four week treatment window. As such, the request is not medically necessary.