

Case Number:	CM14-0030130		
Date Assigned:	06/20/2014	Date of Injury:	03/02/2010
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Interventional Spine 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 patient is a 49-year-old male with a date of injury of 03/02/2010. The listed diagnoses per [REDACTED] dated 01/20/2014 are: 1. Status post lumbar spine fusion at L4 through S1, adjacent level herniated nucleolus polyposis. 2. Failed low back syndrome. 3. Facet syndrome at L3 through S1. 4. Depression. 5. Anxiety. According to this report, the patient complains of low back pain which he rates a 5/10 to 9/10. He also complains of sciatica in the bilateral lower extremities at a rate of 6/10. The objective finding shows lumbar active range of motion is diminished, Kemp's test and straight leg test on supine position are positive bilaterally. The utilization review denied the request on 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg quantity 90: Upheld

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

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

Decision rationale: This patient presents with low back pain. The treating physician is requesting a refill for Clonazepam. The Chronic Pain Medical Treatment Guidelines page 24 on the benzodiazepine states that it is not recommended for long term use because long term efficacy has been proven that there is risk of dependence. Most guidelines limit the use to 4 weeks. The review of records shows that the patient has been taking clonazepam since 2012. In this case, the Chronic Pain Medical Treatment Guidelines do not recommend the long term use of medication. Given the above the request is not medically necessary.