

Case Number:	CM14-0031265		
Date Assigned:	06/20/2014	Date of Injury:	02/06/2003
Decision Date:	07/17/2014	UR Denial Date:	02/06/2014
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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 59-year-old male injured on 02/06/03 due to an undisclosed mechanism of injury. Current diagnoses include status post micro lumbar decompressive surgery bilaterally at L3 - 4, L4 - 5 on 10/15/13, multilevel severe neural foraminal narrowing of the lumbar spine, degenerative disc disease and facet arthropathy of the lumbar spine, and left-sided numbness. Clinical note dated 2/10/14 indicates the injured worker presented complaining of ongoing neck and low back pain rated at 9/10 on pain scale. The injured worker reported pain, weakness, and numbness radiating down his right lower extremity into his foot. Physical assessment reveals tenderness at previous surgical site, obvious atrophy in the right calf, decreased lumbar spine range of motion in all planes, decreased sensation L3, L4, L5 and S1 dermatomes on the left, decreased sensation C-5 through C8 on the left, and ambulation assisted with single point cane. Current medications include OxyContin 30 mg three times daily (TID), bupropion ER 150 mg daily (QD), Clorazepate 7.5 mg two tabs at night (QHS), gabapentin 600 mg three times daily (TID), pantoprazole 20 mg b.i.d., Senna 50/8.6 mg twice daily (b.i.d.), vitamin D daily (QD), Carisoprodol 350 mg three times daily (TID), hydrocodone/acetaminophen 10-325 mg three times daily (TID), and zolpidem 10 mg at night (QHS). Initial request for Clorazepate 7.5mg every two hours #60 for weaning to discontinue over a weaning period of two months is initially noncertified on 02/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clorazepate 7.5mg every two hours #60 for weaning to discontinue over a weaning period of two months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 3. Decision based on Non-MTUS Citation Official Disability Guidelines and www.rxlist.com.

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. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. There is no indication in the documentation that the injured worker is experiencing adverse symptoms associated with medication weaning requiring benzodiazepine use. As such the request for Clorazepate 7.5mg every two hours #60 for weaning to discontinue over a weaning period of two months cannot be recommended as medically necessary at this time.