

Case Number:	CM14-0031284		
Date Assigned:	04/09/2014	Date of Injury:	06/07/2006
Decision Date:	05/08/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 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 41-year-old female who reported an injury on 06/07/2006. The mechanism of injury was not provided for review. The injured worker's treatment history included cervical fusion at C5-6 and C6-7, left shoulder rotator cuff repair, and consideration for bariatric surgery. The injured worker was evaluated on 09/30/2013. It was documented the injured worker had difficulty swallowing since cervical spine surgery in 07/2011. The injured worker's most recent orthopedic evaluation dated 11/04/2013 documented that the injured worker had continued complaints of cervical cramping and difficulty swallowing. It was also noted the injured worker would undergo a weight loss program and gastric bypass surgery. A request was made for a laryngoscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CLONAZEPAM 0.5M 1 PO Q4HR, #180: 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 Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does not recommend the long-term use of benzodiazepines as there is a very high risk of psychological and physical dependence. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 07/2013. The California MTUS does not support use of this medication to exceed treatment duration of approximately 4 weeks. As the injured worker has already exceeded this recommendation, there are no exceptional factors noted within the documentation to support continuation of this medication. The request for Clonazepam 0.5 mg 1 by mouth every 4 hours #180 is not medically necessary and appropriate.