

Case Number:	CM14-0040628		
Date Assigned:	06/20/2014	Date of Injury:	05/20/2000
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/11/2014

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 & 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:

According to the records made available for review, this is a 59-year-old male with a 5/20/00 date of injury. At the time (2/20/14) of request for authorization for Clonazepam 0.5 mg, QTY: 30 and Theracal Wrap, QTY: 30, there is documentation of severe constant pain in the low back radiating to the legs; tenderness to touch over the lumbar spine and decreased range of motion with pain; current diagnoses of lumbago and post-laminectomy syndrome, and ongoing therapy with Clonazepam since at least 9/19/13 with pain relief. Regarding Clonazepam 0.5 mg, QTY: 30, there is no documentation of short-term (less than 4 weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Clonazepam. Regarding Theracal Wrap, QTY: 30, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 23, 24 and 66.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term use and that use should be limited to four weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbago and post-laminectomy syndrome. However, given documentation of ongoing treatment with Clonazepam since at least 9/19/13, there is no documentation of short-term (less than 4 weeks) treatment. In addition, despite documentation of pain relief with Clonazepam, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; or a reduction in the use of medications as a result of use of Clonazepam. Therefore, based on guidelines and a review of the evidence, the request for Clonazepam 0.5 mg, QTY: 30 is not medically necessary.

Theracal Wrap, QTY: 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>.

Decision rationale: The California MTUS Guidelines and the Official Disability Guidelines do not address this issue. Medical Treatment Guidelines identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of the requested Theracal Wrap. Within the medical information available for review, there is documentation of diagnoses of lumbago and post-laminectomy syndrome. However, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. In addition, there is no documentation of a rationale identifying the medical necessity of the requested Theracal Wrap. Therefore, based on guidelines and a review of the evidence, the request for Theracal Wrap, QTY: 30 is not medically necessary.